

when we passed the Women's Health Protection Act—and not a moment too soon as *Roe v. Wade* hangs in the balance and States like Ohio race to pass new laws to ban abortion. This is a basic right, a matter of settled law. But this week the Senate blocked the vote—blocked it—and we didn't even get a vote.

It is time to get rid of the filibuster and make sure that the bills we send here from the House actually get passed in the United States Senate.

CARING FOR OUR VETERANS

(Mrs. CAROLYN B. MALONEY asked and was given permission to address the House for 1 minute.)

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, I rise today in strong support of H.R. 3967, the Honoring our PACT Act, which will ensure comprehensive benefits and care for our troops who suffer from toxic exposure, especially from burn pits. I want to thank Chairman TAKANO for his leadership on this bill. It is something we should all support. It supports our veterans.

As the daughter of a veteran, the sister of a veteran, and the wife of a veteran, caring for our veterans is extremely important to me, as it should be to every American. I could not help but be struck by the similarities between this bill and the 9/11 health and compensation bill which served and supported our heroes and heroines of 9/11 who likewise were exposed to burning toxins that later gave them cancers and severe illness.

This bill could help over 3 million veterans who are currently suffering from exposure to toxic burn pits.

Whether a veteran has served in Afghanistan, Iraq, or elsewhere, if they were exposed to these toxic hazards, they are entitled to care. They were there for us; we should be there for them. We should all support this important bill.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2748

Mr. BOWMAN. Mr. Speaker, I seek recognition to remove myself as cosponsor of H.R. 2748.

The SPEAKER pro tempore (Mr. YARMUTH). The gentleman's request is approved.

HONORING OUR PROMISE TO ADDRESS COMPREHENSIVE TOXICS ACT OF 2021

Mr. TAKANO. Mr. Speaker, pursuant to House Resolution 950, I call up the bill (H.R. 3967) to improve health care and benefits for veterans exposed to toxic substances, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 950, an amend-

ment in the nature of a substitute consisting of the text of Rules Committee Print 117-33, modified by the amendment printed in part A of House Report 117-253, is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3967

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE; TABLE OF CONTENTS.

(a) *SHORT TITLE.*—This Act may be cited as the “Honoring our Promise to Address Comprehensive Toxics Act of 2021” or the “Honoring our PACT Act of 2021”.

(b) *MATTERS RELATING TO AMENDMENTS TO TITLE 38, UNITED STATES CODE.*—

(1) *REFERENCES.*—Except as otherwise expressly provided, when in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

(2) *AMENDMENTS TO TABLES OF CONTENTS.*—Except as otherwise expressly provided, when an amendment made by this Act to title 38, United States Code, adds a section or larger organizational unit to that title or amends the designation or heading of a section or larger organizational unit in that title, that amendment also shall have the effect of amending any table of sections in that title to alter the table to conform to the changes made by the amendment.

(c) *TABLE OF CONTENTS.*—The table of contents for this Act is as follows:

Sec. 1. Short title; references to title 38, United States Code; table of contents.

TITLE I—EXPANSION OF HEALTH CARE ELIGIBILITY

Subtitle A—Toxic-exposed Veterans

Sec. 101. Short title.

Sec. 102. Definitions relating to toxic-exposed veterans.

Sec. 103. Expansion of health care for specific categories of toxic-exposed veterans and veterans supporting certain overseas contingency operations.

Sec. 104. Assessments of implementation and operation.

Subtitle B—Certain Veterans of Combat Service

Sec. 111. Expansion of period of eligibility for health care for certain veterans of combat service.

TITLE II—TOXIC EXPOSURE PRESUMPTION PROCESS

Sec. 201. Short title.

Sec. 202. Improvements to ability of Department of Veterans Affairs to establish presumptions of service connection based on toxic exposure.

Sec. 203. Reevaluation of claims for compensation involving presumptions of service connection.

TITLE III—IMPROVING THE ESTABLISHMENT OF SERVICE CONNECTION PROCESS FOR TOXIC-EXPOSED VETERANS

Sec. 301. Short title.

Sec. 302. Presumptions of toxic exposure.

Sec. 303. Medical nexus examinations for toxic exposure risk activities.

TITLE IV—PRESUMPTIONS OF SERVICE CONNECTION

Sec. 401. Treatment of veterans who participated in cleanup of Enewetak Atoll as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

Sec. 402. Treatment of veterans who participated in nuclear response near Palomares, Spain, or Thule, Greenland, as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

Sec. 403. Presumptions of service connection for diseases associated with exposures to certain herbicide agents for veterans who served in certain locations.

Sec. 404. Addition of additional diseases associated with exposure to certain herbicide agents for which there is a presumption of service connection for veterans who served in certain locations.

Sec. 405. Improving compensation for disabilities occurring in Persian Gulf War veterans.

Sec. 406. Presumption of service connection for certain diseases associated with exposure to burn pits and other toxins.

TITLE V—RESEARCH MATTERS

Sec. 501. Coordination by Department of Veterans Affairs of toxic exposure research.

Sec. 502. Data collection, analysis, and report on treatment of veterans for illnesses related to toxic exposure.

Sec. 503. Studies related to veterans who served in Southwest Asia and certain other locations.

Sec. 504. Study on health trends of post 9/11 veterans.

Sec. 505. Study on cancer rates among veterans.

Sec. 506. Study on feasibility and advisability of furnishing hospital care and medical services to dependents of veterans who participated in toxic exposure risk activities.

TITLE VI—IMPROVEMENT OF RESOURCES AND TRAINING REGARDING TOXIC-EXPOSED VETERANS

Sec. 601. Short title; definitions.

Sec. 602. Publication of list of resources of Department of Veterans Affairs for toxic-exposed veterans and outreach program for such veterans and caregivers and survivors of such veterans.

Sec. 603. Incorporation of toxic exposure questionnaire during primary care appointments.

Sec. 604. Training for personnel of the Department of Veterans Affairs with respect to toxic-exposed veterans.

TITLE VII—REGISTRIES, RECORDS, AND OTHER MATTERS

Sec. 701. Registry of individuals exposed to per- and polyfluoroalkyl substances on military installations.

Sec. 702. Fort McClellan Health Registry.

Sec. 703. Independent study on Individual Longitudinal Exposure Record.

Sec. 704. Biannual report on Individual Longitudinal Exposure Record.

Sec. 705. Correction of exposure records by members of the Armed Forces and veterans.

Sec. 706. Federal cause of action relating to water at Camp Lejeune, North Carolina.

Sec. 7____. Veterans toxic exposures fund.

TITLE I—EXPANSION OF HEALTH CARE ELIGIBILITY

Subtitle A—Toxic-exposed Veterans

SEC. 101. SHORT TITLE.

This title may be cited as the “Conceding Our Veterans’ Exposures Now And Necessitating Training Act” or the “COVENANT Act”.

SEC. 102. DEFINITIONS RELATING TO TOXIC-EXPOSED VETERANS.

(a) **IN GENERAL.**—Section 1710(a)(2)(F) is amended by striking “who was exposed to a toxic substance, radiation, or other conditions, as provided in subsection (e)” and inserting “in accordance with subsection (e), who is a toxic-exposed veteran”.

(b) **DEFINITIONS OF TOXIC EXPOSURE AND TOXIC-EXPOSED VETERAN.**—Section 101 is amended by adding at the end the following new paragraphs:

“(37) The term ‘toxic exposure’ includes the following:

“(A) A toxic exposure risk activity, as defined in section 1710(e)(4) of this title.

“(B) An exposure to a substance, chemical, or airborne hazard identified in the list under section 1119(b)(2) of this title.

“(38) The term ‘toxic-exposed veteran’ means a veteran described in section 1710(e)(1) of this title.”.

(c) **DEFINITION OF TOXIC EXPOSURE RISK ACTIVITY.**—Section 1710(e)(4) is amended by adding at the end the following new subparagraph:

“(C) The term ‘toxic exposure risk activity’ means any activity—

“(i) that requires a corresponding entry in an exposure tracking record system (as defined in section 1119(c) of this title) for the veteran who carried out the activity; or

“(ii) that the Secretary determines qualifies for purposes of this subsection when taking into account what is reasonably prudent to protect the health of veterans.”.

SEC. 103. EXPANSION OF HEALTH CARE FOR SPECIFIC CATEGORIES OF TOXIC-EXPOSED VETERANS AND VETERANS SUPPORTING CERTAIN OVERSEAS CONTINGENCY OPERATIONS.

(a) **IN GENERAL.**—

(1) **EXPANSION.**—Subsection (e) of section 1710, as amended by section 102(c), is further amended—

(A) in paragraph (1), by adding at the end the following new subparagraphs:

“(G) Beginning not later than the applicable date specified in paragraph (6), and subject to paragraph (2), a veteran who participated in a toxic exposure risk activity while serving on active duty, active duty for training, or inactive duty training is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness.

“(H) Beginning not later than the applicable date specified in paragraph (6), and subject to paragraph (2), a covered veteran (as defined in section 1119(c) of this title) is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness.

“(I)(i) Beginning not later than the applicable date specified in paragraph (6), and subject to paragraph (2), a veteran who deployed in support of a contingency operation specified in clause (ii) is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness.

“(ii) A contingency operation specified in this clause is any of the following:

“(I) Operation Enduring Freedom.

“(II) Operation Freedom’s Sentinel.

“(III) Operation Iraqi Freedom.

“(IV) Operation New Dawn.

“(V) Operation Inherent Resolve.

“(VI) Resolute Support Mission.”; and

(B) in paragraph (2)(B)—

(i) by striking “or (F)” and inserting “(F), (G), (H), or (I)”; and

(ii) by striking “service or testing” and inserting “service, testing, or activity”.

(2) **PHASE IN.**—Such subsection is further amended by adding at the end the following new paragraph:

“(6)(A) The Secretary shall determine the dates in subparagraphs (G), (H), and (I) of paragraph (1) as follows:

“(i) October 1, 2024, with respect to a veteran described in such subparagraph (G) or (H) who

was discharged or released from the active military, naval, air, or space service during the period beginning on August 2, 1990, and ending on September 11, 2001.

“(ii) October 1, 2026, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on September 12, 2001, and ending on December 31, 2006.

“(iii) October 1, 2028, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on January 1, 2007, and ending on December 31, 2012.

“(iv) October 1, 2030, with respect to a veteran described in such subparagraph (G) or (H) who was discharged or released from the active military, naval, air, or space service during the period beginning on January 1, 2013, and ending on December 31, 2018.

“(v) October 1, 2032, with respect to a veteran described in such subparagraph (I).

“(B) The Secretary may modify a date specified in subparagraph (A) to an earlier date, as the Secretary determines appropriate based on the number of veterans receiving hospital care, medical services, and nursing home care under subparagraphs (G), (H), and (I) of paragraph (1) and the resources available to the Secretary. If the Secretary determines to so modify a date, the Secretary shall—

“(i) notify the Committees on Veterans’ Affairs of the House of Representatives and the Senate of the proposed modification; and

“(ii) publish such modified date in the Federal Register.”.

(b) **OUTREACH PLANS.**—With respect to each of clauses (i) through (v) of section 1710(e)(6)(A) of title 38, United States Code (as added by subsection (a)(2)), not later than 180 days prior to the date specified in the clause (including a date modified pursuant to such section), the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a plan to conduct outreach to the veterans referred to in the clause to notify such veterans of their eligibility for hospital care, medical services, or nursing home care under subparagraph (G), (H), or (I), of section 1710(e)(1) of such title, as the case may be.

SEC. 104. ASSESSMENTS OF IMPLEMENTATION AND OPERATION.

(a) **INITIAL RESOURCE ASSESSMENT AND REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(1) complete an assessment to determine—

(A) the personnel and material resources necessary to implement section 103 (including the amendments made by such section); and

(B) the total number of covered veterans, as such term is defined in section 1119(c) of title 38, United States Code (as added by section 302), who receive hospital care or medical services furnished by the Secretary under chapter 17 of such title, disaggregated by priority group specified in section 1705(a) of such title; and

(2) submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report containing the findings of the assessment completed under paragraph (1), including a specific determination as to whether the Department has the personnel and material resources necessary to implement section 103.

(b) **INFORMATION SYSTEMS.**—Not later than October 1, 2024, the Secretary shall establish information systems to assess the implementation of section 103, including the amendments made by such section, and use the results of assessments under such systems to inform the reports under subsection (c).

(c) **ANNUAL REPORTS.**—

(1) **REPORTS.**—Not later than October 1, 2025, and on an annual basis thereafter until October 1, 2033, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of

Representatives and the Senate a report on the following:

(A) The effect of the implementation of, and the provision and management of care under, section 103, (including the amendments made by such section) on the demand by veterans described in subparagraphs (G), (H), and (I) of section 1710(e)(1) of title 38, United States Code (as added by such section 103) for health care services furnished by the Secretary.

(B) Any differing patterns of demand for health care services by such veterans, disaggregated by factors such as the relative distance of the veteran from medical facilities of the Department and whether the veteran had previously received hospital care or medical services furnished by the Secretary under chapter 17 of such title.

(C) The extent to which the Secretary has met such demand.

(D) Any changes, during the year covered by the report, in the delivery patterns of health care furnished by the Secretary under chapter 17 of such title, and the fiscal impact of such changes.

(2) **MATTERS.**—Each report under paragraph (1) shall include, with respect to the year covered by the report, detailed information on the following:

(A) The total number of veterans enrolled in the patient enrollment system who, during such year, received hospital care or medical services furnished by the Secretary under chapter 17 of title 38, United States Code.

(B) Of the veterans specified in subparagraph (A), the number of such veterans who, during the preceding three fiscal years, had not received such care or services.

(C) With respect to the veterans specified in subparagraph (B), the cost of providing health care to such veterans during the year covered by the report, shown in total and disaggregated by—

(i) the level of care; and

(ii) whether the care was provided through the Veterans Community Care Program.

(D) With respect to the number of veterans described in subparagraphs (G), (H), and (I) of section 1710(e)(1) of title 38, United States Code (as added by section 103), the following (shown in total and disaggregated by medical facility of the Department, as applicable):

(i) The number of such veterans who, during the year covered by the report, enrolled in the patient enrollment system.

(ii) The number of such veterans who applied for, but were denied, such enrollment.

(iii) The number of such veterans who were denied hospital care or a medical service furnished by the Secretary that was considered to be medically necessary but not of an emergency nature.

(E) The numbers and characteristics of, and the type and extent of health care furnished by the Secretary to, veterans enrolled in the patient enrollment system (shown in total and disaggregated by medical facility of the Department).

(F) The numbers and characteristics of, and the type and extent of health care furnished by the Secretary to, veterans not enrolled in the patient enrollment system (disaggregated by each class of eligibility for care under section 1710 of title 38, United States Code, and further shown as a total per class and disaggregated by medical facility of the Department).

(G) The specific fiscal impact (shown in total and disaggregated by geographic health care delivery areas) of changes in the delivery patterns of health care furnished by the Secretary under chapter 17 of such title as a result of the implementation of section 103 (including the amendments made by such section).

(d) **DEFINITIONS.**—In this section:

(1) The term “patient enrollment system” means the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code.

(2) The term “Veterans Community Care Program” means the program established under section 1703 of title 38, United States Code.

Subtitle B—Certain Veterans of Combat Service

SEC. 111. EXPANSION OF PERIOD OF ELIGIBILITY FOR HEALTH CARE FOR CERTAIN VETERANS OF COMBAT SERVICE.

(a) EXPANDED PERIOD.—Section 1710(e)(3) is amended—

(1) in subparagraph (A)—

(A) by striking “January 27, 2003” and inserting “September 11, 2001”; and

(B) by striking “five-year period” and inserting “10-year period”;

(2) by amending subparagraph (B) to read as follows:

“(B) With respect to a veteran described in paragraph (1)(D) who was discharged or released from the active military, naval, air, or space service after September 11, 2001, and before October 1, 2013, but did not enroll to receive such hospital care, medical services, or nursing home care under such paragraph pursuant to subparagraph (A) before October 1, 2022, the one-year period beginning on October 1, 2022.”;

and

(3) by striking subparagraph (C).

(b) CLARIFICATION OF COVERAGE.—Section 1710(e)(1)(D) is amended by inserting after “Persian Gulf War” the following: “(including any veteran who, in connection with service during such period, received the Armed Forces Expeditionary Medal, Service Specific Expeditionary Medal, Combat Era Specific Expeditionary Medal, Campaign Specific Medal, or any other combat theater award established by a Federal statute or an Executive order)”.

(c) OUTREACH PLAN.—Not later than December 1, 2022, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a plan to conduct outreach to veterans described in subparagraph (B) of section 1710(e)(3) of title 38, United States Code, as amended by subsection (a)(2), to notify such veterans of their eligibility for hospital care, medical services, or nursing home care pursuant to such subparagraph.

(d) REPORT ON ENROLLMENTS.—Not later than January 30, 2024, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report identifying, with respect to the one-year period beginning on October 1, 2022, the number of veterans described in section 1710(e)(3)(B) of title 38, United States Code, as amended by subsection (a)(2), who, during such period, enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of such title.

(e) EFFECTIVE DATE.—This section and the amendments made by this section shall take effect on October 1, 2022.

TITLE II—TOXIC EXPOSURE PRESUMPTION PROCESS

SEC. 201. SHORT TITLE.

This subtitle may be cited as the “Fairly Assessing Service-related Toxic Exposure Residuals Presumptions Act” or the “FASTER Presumptions Act”.

SEC. 202. IMPROVEMENTS TO ABILITY OF DEPARTMENT OF VETERANS AFFAIRS TO ESTABLISH PRESUMPTIONS OF SERVICE CONNECTION BASED ON TOXIC EXPOSURE.

(a) ADVISORY COMMITTEES, PANELS, AND BOARDS.—Chapter 11 is amended by adding at the end the following new subchapter:

“SUBCHAPTER VII—DETERMINATIONS RELATING TO PRESUMPTIONS OF SERVICE CONNECTION BASED ON TOXIC EXPOSURE

“§ 1171. Procedures to determine presumptions of service connection based on toxic exposure; definitions

“(a) PROCEDURES.—The Secretary shall determine whether to establish, or to remove, pre-

sumptions of service connection based on toxic exposure pursuant to this subchapter, where- by—

“(1) the Formal Advisory Committee on Toxic Exposure under section 1172 of this title—

“(A) provides advice to the Secretary on toxic-exposed veterans and cases in which veterans who, during active military, naval, air, or space service, may have experienced a toxic exposure or their dependents may have experienced a toxic exposure while the veterans were serving in the active military, naval, air, or space service;

“(B) provides to the Secretary recommendations on corrections needed in the Individual Longitudinal Exposure Record, or successor system, to better reflect veterans and dependents described in subparagraph (A); and

“(C) provides to the Secretary recommendations regarding which cases of possible toxic exposure should be reviewed; and

“(2) the Secretary provides for formal evaluations of such recommendations under section 1173 of this title; and

“(3) the Secretary issues regulations under section 1174 of this title.

“(b) ILLNESS DEFINED.—In this subchapter, the term ‘illness’ includes a disease or other condition affecting the health of an individual.

“§ 1172. Formal Advisory Committee on Toxic Exposure

“(a) ESTABLISHMENT.—(1) There is in the Veterans Health Administration of the Department the Formal Advisory Committee on Toxic Exposure (in this section referred to as the ‘Committee’).

“(2)(A) The Committee shall be composed of nine members appointed as follows:

“(i) Five members shall be appointed by the Secretary.

“(ii) One member shall be appointed by the Speaker of the House of Representatives.

“(iii) One member shall be appointed by the minority leader of the House of Representatives.

“(iv) One member shall be appointed by the majority leader of the Senate.

“(v) One member shall be appointed by the minority leader of the Senate.

“(B) The members appointed under subparagraph (A) shall meet the following criteria:

“(i) Not more than three members shall be appointed from among individuals who are officials or employees of the Veterans Benefits Administration or the Veterans Health Administration.

“(ii) At least one member shall be appointed from among individuals who are officials or employees of other departments or agencies of the Federal Government, including the Department of Defense and the Agency of Toxic Substances and Disease Registry of the Centers for Disease Control and Prevention.

“(iii) At least two members shall represent an organization recognized by the Secretary for the representation of veterans under section 5902 of this title.

“(iv) At least one member shall be appointed from among individuals in the private sector, State or local government, or academia, who are experts in toxicology and epidemiology.

“(3) The Secretary shall determine the pay and allowances of the members of the Committee, including with respect to any additional pay and allowances for members who are officials or employees of the Federal Government.

“(4)(A) Except as provided by subparagraph (B), each member of the Committee shall be appointed for a two-year term, and may serve not more than three successive terms.

“(B) With respect to the five members who are initially appointed by the Secretary under subparagraph (A)(i), the Secretary shall determine the length of the term of each such member in a manner that ensures the expiration of the terms on a staggered basis.”.

“(5) A vacancy in the Committee shall be filled in the manner in which the original appointment was made.

“(b) CONSULTATION.—The Secretary may consult with, and seek the advice of, the Committee with respect to cases in which veterans who, during active military, naval, air, or space service, are suspected of having experienced a toxic exposure or dependents of veterans who may have experienced a toxic exposure during such service.

“(c) ASSESSMENTS.—(1) The Committee shall assess cases of the toxic exposure of veterans and their dependents that occurred during active military, naval, air, or space service, including by conducting ongoing surveillance and reviewing such exposure described in scientific literature, media reports, information from veterans, and information from Congress.

“(2) The assessments under paragraph (1) shall cover suspected and known toxic exposures occurring during active military, naval, air, or space service, including by identifying and evaluating new and emerging toxic exposures that are not recognized under existing presumptions of service connection.

“(3) The Committee may conduct an assessment under paragraph (1) in response to comments by a person described in subsection (e)(2), by a majority vote of the members of the Committee.

“(4) The Committee shall on a periodic basis assess the Individual Longitudinal Exposure Record, or successor system, to ensure the accuracy of data collected.

“(d) RESEARCH RECOMMENDATIONS.—(1) Following an assessment of a case of the toxic exposure of veterans or their dependents that occurred during active military, naval, air, or space service under subsection (c), the Committee may develop a recommendation for formal evaluation under section 1173 of this title to conduct a review of the health effects related to the case of exposure if the Committee determines that the research may change the current understanding of the relationship between an exposure to an environmental hazard and adverse health outcomes in humans.

“(2) Upon receipt of evidence suggesting that previous findings regarding the periods and locations of exposure covered by an existing presumption of service connection are no longer supported, the Committee may nominate such evidence for formal evaluation under section 1173 of this title to modify the periods and locations.

“(e) INPUT.—(1) Not less than quarterly, the Committee shall provide an opportunity for persons described in paragraph (2) to present written or oral comments to the Committee.

“(2) The persons described in this paragraph are persons who may be affected by the actions of the Committee, including—

“(A) veterans, the families of veterans, veterans service organizations and representatives, researchers, and other members of the general public; and

“(B) departments and agencies of the Federal Government.

“(f) REPORTS BY THE COMMITTEE.—Not less frequently than once each year, the Committee shall submit to the Secretary and the Committees on Veterans’ Affairs of the Senate and the House of Representatives, and make publicly available, a report on—

“(1) recommendations for research under subsection (d), if any; and

“(2) recommendations for such legislative or administrative action as the Committee considers necessary for the Committee to be more effective in carrying out the requirements of this section.

“(g) RESPONSES BY SECRETARY.—In response to each report submitted under subsection (f), the Secretary shall submit to the Secretary and the Committees on Veterans’ Affairs of the Senate and the House of Representatives, and make publicly available, a report on—

“(1) the findings and opinions of the Secretary with respect to the report most recently submitted under subsection (f); and

“(2) whether the Secretary will conduct research recommended under subsection (f) included in the report, and if not, an explanation of why, including citations and sources.

“(h) NONAPPLICATION OF SUNSET REQUIREMENTS.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Committee.

“§1173. Formal evaluation of recommendations

“(a) FORMAL EVALUATION.—The Secretary shall establish a process to conduct a formal evaluation with respect to each recommendation made by the Formal Advisory Committee on Toxic Exposure under section 1172 of this title—

“(1) to conduct research regarding the health effects related to a case of toxic exposure; or

“(2) to evaluate evidence regarding the periods and locations of exposure covered by an existing presumption of service connection.

“(b) EVIDENCE, DATA, AND FACTORS.—The Secretary shall ensure that each formal evaluation under paragraph (1) covers the following:

“(1) Scientific evidence, based on the review of available scientific literature, including human, toxicological, animal, and methodological studies, and other factors.

“(2) Claims data, based on the review of claim rate, grant rate, and service connection prevalence, and other factors.

“(3) Other factors the Secretary determines appropriate, such as—

“(A) the level of disability and mortality caused by the health effects related to the case of toxic exposure being evaluated;

“(B) the level of assistance required to remain in the community because of such health effects;

“(C) the quantity and quality of the information available and reviewed;

“(D) the feasibility of and period for generating relevant information and evidence;

“(E) whether such health effects are combat- or deployment-related; and

“(F) the ubiquity or rarity of the health effects.

“(c) CONDUCT OF EVALUATIONS.—(1) The Secretary shall ensure that each formal evaluation under subsection (a)—

“(A) reviews scientific evidence in a manner that—

“(i) conforms to principles of scientific and data integrity;

“(ii) is free from suppression or distortion of scientific or technological findings, data, information, conclusions, or technical results; and

“(B)(i) evaluates the likelihood that a positive association exists between an illness and a toxic exposure while serving in the active military, naval, air, or space service; and

“(ii) assesses the toxic exposures and illnesses and determines whether the evidence supports a finding of a positive association between the toxic exposure and the illness.

“(2) In carrying out paragraph (1)(B)(ii), a formal evaluation under subsection (a) shall include reviewing all relevant data to determine the strength of evidence for a positive association based on the following four categories:

“(A) The ‘sufficient’ category, where the evidence is sufficient to conclude that a positive association exists.

“(B) The ‘equipoise and above’ category, where the evidence is sufficient to conclude that a positive association is at least as likely as not, but not sufficient to conclude that a positive association exists.

“(C) The ‘below equipoise’ category, where the evidence is not sufficient to conclude that a positive association is at least as likely as not, or is not sufficient to make a scientifically informed judgment.

“(D) The ‘against’ category, where the evidence suggests the lack of a positive association.

“(d) RECOMMENDATION FOR RULEMAKING.—Not later than 120 days after the date on which a formal evaluation is commenced, the element of the Department that conducts the evaluation

shall submit to the Secretary a recommendation with respect to establishing a presumption of service connection for the toxic exposure and illness, or modifying an existing presumption of service connection, covered by the evaluation.

“§1174. Regulations regarding presumptions of service connection based on toxic exposure

“(a) ACTION UPON RECOMMENDATION.—Not later than 160 days after the date on which the Secretary receives a recommendation to establish or modify a presumption of service connection under section 1173 of this title—

“(1) if the Secretary determines that the presumption, or modification, is warranted, the Secretary shall commence issuing regulations in accordance with the provisions of subchapter II of chapter 5 of title 5 (commonly referred to as the Administrative Procedures Act) setting forth the presumption or commence revising regulations to carry out such modification; or

“(2) if the Secretary determines that the presumption, or modification, is not warranted, the Secretary shall publish in the Federal Register a notice of the determination, including the reasons supporting the determination.

“(b) REMOVAL OF PRESUMPTION.—(1) The Secretary may issue regulations to remove an illness from a presumption of service connection previously established pursuant to a regulation issued under subsection (a).

“(2) Whenever an illness is removed from regulations pursuant to paragraph (1), or the periods and locations of exposure covered by a presumption of service connection are modified under subsection (a)—

“(A) a veteran who was awarded compensation for such illness on the basis of the presumption provided under such regulations before the effective date of the removal or modification shall continue to be entitled to receive compensation on that basis; and

“(B) a survivor of a veteran who was awarded dependency and indemnity compensation for the death of a veteran resulting from such illness on the basis of such presumption shall continue to be entitled to receive dependency and indemnity compensation on such basis.

“§1175. Authority to modify process; congressional oversight

“(a) AUTHORITY.—(1) The Secretary may modify the process under which the Secretary conducts formal evaluations under section 1173 of this title and issues regulations under section 1174 if—

“(A) such evaluations cover the evidence, data, and factors required by subsection (b) of such section 1173; and

“(B) a period of 180 days has elapsed following the date on which the Secretary submits the notice under paragraph (2) regarding the modification.

“(2) If the Secretary proposes to modify the process under which the Secretary conducts formal evaluations under section 1173 of this title or issues regulations under section 1174, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a notice of the proposed modifications containing the following:

“(A) A description of the proposed modifications.

“(B) A description of any exceptions to the requirements of such sections that are proposed because of limited available scientific evidence, and a description of how such evaluations will be conducted.

“(b) REPORTS AND BRIEFINGS.—(1)(A) Not later than two years after the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the implementation of, and recommendations for, this subchapter.

“(B) The Secretary shall develop the report under subparagraph (A) in consultation with

organizations recognized by the Secretary for the representation of veterans under section 5902 of this title and any other entity the Secretary determines appropriate.

“(2) On a quarterly basis during the two-year period beginning on the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021, the Secretary shall provide to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a briefing on the implementation of this subchapter.

“(c) INDEPENDENT REVIEW.—The Secretary shall seek to enter into an agreement with a nongovernmental entity or a federally funded research and development center to conduct a review of the implementation of this subchapter. Not later than 540 days after the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report containing such review.”

(b) CONFORMING AMENDMENTS.—Chapter 11 is amended—

(1) in section 1116—

(A) by striking subsections (b), (c), (d), and (e);

(B) by inserting after subsection (a) the following new subsection (b):

“(b) The Secretary shall ensure that any determination made on or after the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021 regarding a presumption of service connection based on exposure to an herbicide agent under this section is made pursuant to subchapter VII of this chapter, including with respect to assessing reports received by the Secretary from the National Academy of Sciences under section 3 of the Agent Orange Act of 1991 (Public Law 102-4).”; and

(C) by redesignating subsection (f) as subsection (c);

(2) in section 1116(b)(2)(A), by inserting “pursuant to subchapter VII of this chapter,” before “the Secretary determines”; and

(3) in section 1118—

(A) by striking subsections (b) through (e); and

(B) by inserting after subsection (a) the following new subsection (b):

“(b) The Secretary shall ensure that any determination made on or after the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021 regarding a presumption of service connection based on a toxic exposure under this section is made pursuant to subchapter VII of this chapter.”

(c) RULE OF CONSTRUCTION.—Nothing in section 1172(a)(2)(A) of title 38, United States Code, as added by subsection (a), shall be construed so as to require the advice and consent of the Senate in the appointment of members of the Formal Advisory Committee on Toxic Exposure.

SEC. 203. REEVALUATION OF CLAIMS FOR COMPENSATION INVOLVING PRESUMPTIONS OF SERVICE CONNECTION.

(a) IN GENERAL.—Subchapter VI of chapter 11 is amended by adding at the end the following new section:

“§1167. Reevaluation of compensation determinations pursuant to changes in presumptions of service connection

“(a) REEVALUATION.—Whenever a law, including through a regulation or Federal court decision, establishes or modifies a presumption of service connection, the Secretary shall—

“(1) identify all claims for compensation under this chapter that—

“(A) were submitted to the Secretary;

“(B) were evaluated and denied by the Secretary before the date on which such provision of law went into effect; and

“(C) might have been evaluated differently had the establishment or modification been applicable to the claim;

“(2) allow for the reevaluation of such claims at the election of the veteran; and

“(3) notwithstanding section 5110 of this title, with respect to claims approved pursuant to such reevaluation, provide compensation under this chapter effective as if the establishment or modification of the presumption of service connection had been in effect on the date of the submission of the original claim described in paragraph (1).

“(b) **OUTREACH.**—The Secretary shall conduct outreach to inform relevant veterans that they may elect to have a claim be reevaluated in light of the establishment or modification of a presumption of service connection described in subsection (a). Such outreach shall include the following:

“(1) The Secretary shall publish on the internet website of the Department a notice that such veterans may elect to have a claim so reevaluated.

“(2) The Secretary shall notify, in writing or by electronic means, veterans service organizations of the ability of such veterans to elect to have a claim so reevaluated.”

(b) **APPLICATION.**—Section 1167 of title 38, United States Code, as added by subsection (a), shall apply with respect to presumptions of service connection established or modified on or after the date of the enactment of this Act, including pursuant to amendments made by this Act.

TITLE III—IMPROVING THE ESTABLISHMENT OF SERVICE CONNECTION PROCEEDINGS FOR TOXIC-EXPOSED VETERANS

SEC. 301. SHORT TITLE.

This title may be cited as the “Veterans Burn Pits Exposure Recognition Act”.

SEC. 302. PRESUMPTIONS OF TOXIC EXPOSURE.

Subchapter II of chapter 11 is amended by adding at the end the following new section:

“§ 1119. Presumptions of toxic exposure

“(a) **CONSIDERATION OF RECORDS.**—If a veteran submits to the Secretary a claim for compensation for a service-connected disability under section 1110 of this title with evidence of a disability and a toxic exposure that occurred during active military, naval, air, or space service, the Secretary may, in adjudicating such claim, consider—

“(1) any record of the veteran in an exposure tracking record system; and

“(2) if no record of the veteran in an exposure tracking record system indicates that the veteran was subject to a toxic exposure during active military, naval, air, or space service, the totality of the circumstances of the service of the veteran.

“(b) **PRESUMPTION OF SPECIFIC TOXIC EXPOSURE FOR MEMBERS WHO SERVED IN CERTAIN LOCATIONS.**—(1) The Secretary shall, for purposes of section 1110 and chapter 17 of this title, presume that any covered veteran was exposed to the substances, chemicals, and airborne hazards identified in the list under paragraph (2) during the service of the covered veteran specified in subsection (c)(1), unless there is affirmative evidence to establish that the covered veteran was not exposed to any such substances, chemicals, or hazards in connection with such service.

“(2) The Secretary shall establish and maintain a list that contains an identification of one or more such substances, chemicals, and airborne hazards as the Secretary, in collaboration with the Secretary of Defense, may determine appropriate for purposes of this section.

“(3) Beginning not later than two years after the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021, and not less frequently than once every two years thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report identifying any additions or removals to the list under paragraph (2) during the period covered by the report.

“(c) **DEFINITIONS.**—In this section:

“(1) The term ‘covered veteran’ means any veteran who—

“(A) on or after August 2, 1990, performed active military, naval, air, or space service while assigned to a duty station in—

“(i) Bahrain;

“(ii) Iraq;

“(iii) Kuwait;

“(iv) Oman;

“(v) Qatar;

“(vi) Saudi Arabia;

“(vii) Somalia; or

“(viii) United Arab Emirates; or

“(B) on or after September 11, 2001, performed active military, naval, air, or space service while assigned to a duty station in—

“(i) Afghanistan;

“(ii) Djibouti;

“(iii) Egypt;

“(iv) Jordan;

“(v) Lebanon;

“(vi) Syria;

“(vii) Yemen;

“(viii) Uzbekistan;

“(ix) the Philippines; or

“(x) any other country determined relevant by the Secretary.

“(2) The term ‘exposure tracking record system’—

“(A) means any system, program, or pilot program used by the Secretary of Veterans Affairs or the Secretary of Defense to track how veterans or members of the Armed Forces have been exposed to various occupational or environmental hazards; and

“(B) includes the Individual Longitudinal Exposure Record, or successor system.

“(3) The term ‘toxic exposure risk activity’ has the meaning given such term in section 1710(e)(4) of this title.”

SEC. 303. MEDICAL NEXUS EXAMINATIONS FOR TOXIC EXPOSURE RISK ACTIVITIES.

Subchapter VI of chapter 11, as amended by section 203, is further amended by adding at the end the following new section:

“§ 1168. Medical nexus examinations for toxic exposure risk activities

“(a) **MEDICAL EXAMINATIONS AND MEDICAL OPINIONS.**—(1) Except as provided in subsection (b), if a veteran submits to the Secretary a claim for compensation for a service-connected disability under section 1110 of this title with evidence of a disability and evidence of participation in a toxic exposure risk activity during active military, naval, air, or space service, and such evidence is not sufficient to establish a service connection for the disability, the Secretary shall—

“(A) provide the veteran with a medical examination under section 5103A(d) of this title; and

“(B) obtain a medical opinion (to be requested by the Secretary in connection with the medical examination under subparagraph (A)) as to whether it is at least as likely as not that there is a nexus between the disability and the toxic exposure risk activity.

“(2) When providing the Secretary with a medical opinion under paragraph (1)(B) for a veteran, the health care provider shall consider—

“(A) the total potential exposure through all applicable military deployments of the veteran; and

“(B) the synergistic, combined effect of all toxic exposure risk activities of the veteran.

“(3) The requirement under paragraph (2)(B) shall not be construed as requiring a health care provider to consider the synergistic, combined effect of each of the substances, chemicals, and airborne hazards identified in the list under section 1119(b)(2) of this title.

“(b) **EXCEPTION.**—Subsection (a) shall not apply if the Secretary determines there is no indication of an association between the disability claimed by the veteran and the toxic exposure risk activity for which the veteran submitted evidence.

“(c) **TOXIC EXPOSURE RISK ACTIVITY DEFINED.**—In this section, the term ‘toxic exposure risk activity’ has the meaning given that term in section 1710(e)(4) of this title.”

TITLE IV—PRESUMPTIONS OF SERVICE CONNECTION

SEC. 401. TREATMENT OF VETERANS WHO PARTICIPATED IN CLEANUP OF ENEWETAK ATOLL AS RADIATION-EXPOSED VETERANS FOR PURPOSES OF PRESUMPTION OF SERVICE CONNECTION OF CERTAIN DISABILITIES BY DEPARTMENT OF VETERANS AFFAIRS.

(a) **SHORT TITLE.**—This section may be cited as the “Mark Takai Atomic Veterans Healthcare Parity Act”.

(b) **ENEWETAK ATOLL.**—Section 1112(c)(3)(B) is amended by adding at the end the following new clause:

“(v) Cleanup of Enewetak Atoll during the period beginning on January 1, 1977, and ending on December 31, 1980.”

SEC. 402. TREATMENT OF VETERANS WHO PARTICIPATED IN NUCLEAR RESPONSE NEAR PALOMARES, SPAIN, OR THULE, GREENLAND, AS RADIATION-EXPOSED VETERANS FOR PURPOSES OF PRESUMPTION OF SERVICE CONNECTION OF CERTAIN DISABILITIES BY DEPARTMENT OF VETERANS AFFAIRS.

(a) **SHORT TITLE.**—This section may be cited as the “Palomares or Thule Veterans Act”.

(b) **PALOMARES OR THULE.**—Section 1112(c)(3)(B), as amended by section 401, is further amended by adding at the end the following new clauses:

“(vi) Onsite participation in the response effort following the collision of a United States Air Force B-52 bomber and refueling plane that caused the release of four thermonuclear weapons in the vicinity of Palomares, Spain, during the period beginning January 17, 1966, and ending March 31, 1967.”

“(vii) Onsite participation in the response effort following the on-board fire and crash of a United States Air Force B-52 bomber that caused the release of four thermonuclear weapons in the vicinity of Thule Air Force Base, Greenland, during the period beginning January 21, 1968, and ending September 25, 1968.”

SEC. 403. PRESUMPTIONS OF SERVICE CONNECTION FOR DISEASES ASSOCIATED WITH EXPOSURES TO CERTAIN HERBICIDE AGENTS FOR VETERANS WHO SERVED IN CERTAIN LOCATIONS.

(a) **SHORT TITLE.**—This section may be cited as the “Veterans Agent Orange Exposure Equity Act”.

(b) **IN GENERAL.**—Section 1116, as amended by section 202, is further amended—

(1) by striking “, during active military, naval, air, or space service, served in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975” each place it appears and inserting “performed covered service”; and

(2) by striking “performed active military, naval, air, or space service in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975” each place it appears and inserting “performed covered service”; and

(3) by adding at the end the following new subsection:

“(d) In this section, the term ‘covered service’ means active military, naval, air, or space service—

“(1) performed in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975;

“(2) performed in Thailand at any United States or Royal Thai base during the period beginning on January 9, 1962, and ending on June 30, 1976, without regard to where on the base the veteran was located or what military job specialty the veteran performed;

“(3) performed in Laos during the period beginning on December 1, 1965, and ending on September 30, 1969;

“(4) performed in Cambodia at Mimot or Krek, Kampong Cham Province during the period beginning on April 16, 1969, and ending on April 30, 1969; or

“(5) performed on Guam or American Samoa, or in the territorial waters thereof, during the period beginning on January 9, 1962, and ending on July 31, 1980, or served on Johnston Atoll or on a ship that called at Johnston Atoll during the period beginning on January 1, 1972, and ending on September 30, 1977.”.

(c) **ELIGIBILITY FOR HOSPITAL CARE AND MEDICAL SERVICES.**—Section 1710(e)(4), as amended by section 102(c), is further amended by striking subparagraph (A) and inserting the following new subparagraph:

“(A) The term ‘Vietnam-era herbicide-exposed veteran’ means a veteran who—

“(i) performed covered service, as defined in section 1116(d) of this title; or

“(ii) the Secretary finds may have been exposed during such service to dioxin or was exposed during such service to a toxic substance found in a herbicide or defoliant used for military purposes during such period.”.

(d) **CONFORMING AMENDMENT.**—The heading for section 1116 is amended by striking “**the Republic of Vietnam**” and inserting “**certain locations**”.

SEC. 404. ADDITION OF ADDITIONAL DISEASES ASSOCIATED WITH EXPOSURE TO CERTAIN HERBICIDE AGENTS FOR WHICH THERE IS A PRESUMPTION OF SERVICE CONNECTION FOR VETERANS WHO SERVED IN CERTAIN LOCATIONS.

(a) **SHORT TITLE.**—This section may be cited as the “Fair Care for Vietnam Veterans Act”.

(b) **ADDITIONAL DISEASES.**—Section 1116(a)(2), as amended by section 9109 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116–283), is further amended by adding at the end the following new subparagraphs:

“(L) Hypertension.

“(M) Monoclonal gammopathy of undetermined significance.”.

SEC. 405. IMPROVING COMPENSATION FOR DISABILITIES OCCURRING IN PERSIAN GULF WAR VETERANS.

(a) **REDUCTION IN THRESHOLD OF ELIGIBILITY.**—Subsection (a)(1) of section 1117 is amended by striking “became manifest—” and all that follows through the period at the end and inserting “became manifest to any degree at any time.”.

(b) **PERMANENT EXTENSION OF PERIOD OF ELIGIBILITY.**—Such section is further amended—

(1) by striking subsection (b);

(2) by redesignating subsections (c) and (d) as subsections (b) and (c), respectively; and

(3) in subsection (a)(2)(C), by striking “under subsection (d)” and inserting “under subsection (c)”.

(c) **ESTABLISHING SINGULAR DISABILITY-BASED QUESTIONNAIRE.**—Such section is further amended by inserting after subsection (c) (as redesignated by subsection (b)) the following new subsection (d):

“(d) If a Persian Gulf veteran at a medical facility of the Department presents with any one symptom associated with Gulf War Illness, the Secretary shall ensure that health care personnel of the Department use a disability benefits questionnaire, or successor questionnaire, designed to identify Gulf War Illness, in addition to any other diagnostic actions the personnel determine appropriate.”.

(d) **EXPANSION OF DEFINITION OF PERSIAN GULF VETERAN.**—Subsection (f) of such section is amended by inserting “, Afghanistan, Israel, Egypt, Turkey, Syria, or Jordan,” after “operations”.

(e) **TRAINING.**—Such section is further amended by adding at the end the following new subsection:

“(i)(1) The Secretary shall take such actions as may be necessary to ensure that health care

personnel of the Department are appropriately trained to effectively carry out this section.

“(2) Not less frequently than once each year, the Secretary shall submit to Congress a report on the actions taken by the Secretary to carry out paragraph (1).”.

SEC. 406. PRESUMPTION OF SERVICE CONNECTION FOR CERTAIN DISEASES ASSOCIATED WITH EXPOSURE TO BURN PITS AND OTHER TOXINS.

(a) **SHORT TITLE.**—This section may be cited as the “Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act”.

(b) **IN GENERAL.**—Subchapter II of chapter 11, as amended by section 302, is further amended by inserting after section 1119 the following new section:

“§ 1120. Presumption of service connection for certain diseases associated with exposure to burn pits and other toxins

“(a) **PRESUMPTION OF SERVICE CONNECTION.**—For the purposes of section 1110 of this title, and subject to section 1113 of this title, a disease specified in subsection (b) becoming manifest in a covered veteran shall be considered to have been incurred in or aggravated during active military, naval, air, or space service, notwithstanding that there is no record of evidence of such disease during the period of such service.

“(b) **DISEASES SPECIFIED.**—The diseases specified in this subsection are the following:

“(1) Asthma that was diagnosed after service of the covered veteran as specified in subsection (c).

“(2) The following types of cancer:

“(A) Head cancer of any type.

“(B) Neck cancer of any type.

“(C) Respiratory cancer of any type.

“(D) Gastrointestinal cancer of any type.

“(E) Reproductive cancer of any type.

“(F) Lymphoma cancer of any type.

“(G) Lymphomatic cancer of any type.

“(H) Kidney cancer.

“(I) Brain cancer.

“(J) Melanoma.

“(K) Pancreatic cancer.

“(3) Chronic bronchitis.

“(4) Chronic obstructive pulmonary disease.

“(5) Constrictive bronchiolitis or obliterative bronchiolitis.

“(6) Emphysema.

“(7) Granulomatous disease.

“(8) Interstitial lung disease.

“(9) Pleuritis.

“(10) Pulmonary fibrosis.

“(11) Sarcoidosis.

“(12) Chronic sinusitis.

“(13) Chronic rhinitis.

“(14) Glioblastoma.

“(15) Any other disease for which the Secretary determines, pursuant to regulations prescribed under subchapter VII that a presumption of service connection is warranted based on a positive association with a substance, chemical, or airborne hazard identified in the list under section 1119(b)(2) of this title.

“(c) **COVERED VETERAN DEFINED.**—In this section, the term ‘covered veteran’ has the meaning given that term in section 1119(c) of this title.”.

(c) **CONFORMING AMENDMENT.**—Section 1113 is amended by striking “or 1118” each place it appears and inserting “1118, or 1120”.

TITLE V—RESEARCH MATTERS

SEC. 501. COORDINATION BY DEPARTMENT OF VETERANS AFFAIRS OF TOXIC EXPOSURE RESEARCH.

Subchapter II of chapter 73 is amended by adding at the end the following new section:

“§ 7330D. Coordination of toxic exposure research

“(a) **IN GENERAL.**—The Secretary shall coordinate all research activities carried out or funded by the executive branch of the Federal Government on the health consequences of toxic exposures experienced during service in the Armed Forces.

“(b) **STRATEGIC PLAN.**—In carrying out subsection (a), the Secretary shall establish a strategic plan, to be known as the Toxic Exposure Research Strategic Plan, to ensure that the research activities specified in such subsection are collaborative, transparent, and highly coordinated.

“(c) **REPORT.**—Not later than one year after the date of the enactment of the Honoring our Promise to Address Comprehensive Toxics Act of 2021, and annually thereafter, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on any research activities specified in subsection (a) carried out during the year covered by the report.”.

SEC. 502. DATA COLLECTION, ANALYSIS, AND REPORT ON TREATMENT OF VETERANS FOR ILLNESSES RELATED TO TOXIC EXPOSURE.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall compile and analyze, on a continuous basis, all clinical data that—

(1) is obtained by the Secretary in connection with hospital care, medical services, or nursing home care furnished to a veteran for an illness under section 1710(a)(2)(F) of title 38, United States Code, as amended by section 102; and

(2) is likely to be scientifically useful, as determined by the Secretary, in determining whether a positive association exists between the illness of the veteran and a toxic exposure.

(b) **CONSENT OF PATIENTS.**—The Secretary shall ensure that the compilation and analysis of the clinical data of a veteran under subsection (a) shall be conducted, and such data shall be used, in a manner that is consistent with the informed consent of the veteran and in compliance with all applicable Federal law.

(c) **ANNUAL REPORT.**—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report containing—

(1) any data compiled under subsection (a);

(2) an analysis of any such data;

(3) a description of the types and incidences of illnesses identified by the Secretary pursuant to such subsection;

(4) an explanation by the Secretary for the incidence of such illnesses and such alternate explanations for the incidence of such illnesses as the Secretary may consider reasonable; and

(5) a description of the views of the Secretary regarding the scientific validity of drawing conclusions from the incidence of such illnesses, as evidenced by the data compiled under subsection (a), regarding the existence of a positive association between such illness and a toxic exposure.

(d) **DEFINITIONS.**—In this section:

(1) The term “toxic exposure” has the meaning given that term in section 101 of title 38, United States Code.

(2) The term “illness” has the meaning given that term in section 1171 of such title, as added by section 202.

SEC. 503. STUDIES RELATED TO VETERANS WHO SERVED IN SOUTHWEST ASIA AND CERTAIN OTHER LOCATIONS.

(a) **ANALYSIS ON MORTALITY IN COVERED VETERANS.**—

(1) **ANALYSIS.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct an updated analysis of total and respiratory disease mortality in covered veterans.

(2) **ELEMENTS.**—The analysis under paragraph (1) shall include, to the extent practicable, the following:

(A) Metrics of airborne exposures.

(B) The location and timing of any deployments of the veteran.

(C) The military occupational specialty of the veteran.

(D) The Armed Force in which the veteran served.

(E) The preexisting health status of the veteran, including with respect to asthma.

(F) Such personal information of the veteran as the Secretary may consider relevant, including cigarette and e-cigarette smoking history, diet, sex, gender, age, race, and ethnicity.

(b) **EPIDEMIOLOGICAL STUDY.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall conduct an epidemiological study of covered veterans that involves—

(1) the use of improved spatio-temporal estimates of ambient air pollution exposures that leverage advances in retrospective exposure assessment; and

(2) the collection of detailed information on the covered veterans studied through medical records, administrative data, and other existing sources, including, with respect to the covered veterans—

(A) personal information, including cigarette and e-cigarette smoking history, diet, sex, gender, age, race, and ethnicity;

(B) deployment history, including locations, periods, and number of deployments;

(C) biospecimen data; and

(D) supplementary health status and outcomes data, including imaging and physiological parameters.

(c) **TOXICOLOGY STUDY.**—

(1) **STUDY.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall conduct a toxicology study, to include variability, to replicate toxic exposures of healthy, young members of the Armed Forces, as well as potentially susceptible members, with preexisting health conditions.

(2) **ELEMENTS.**—The study under paragraph (1) shall include—

(A) an analysis of results for mechanistic markers and clinically relevant outcomes; and

(B) a validation of any serum, tissue, or other biomarkers of toxic exposure, susceptibility, or effect with respect to the subjects of the study.

(d) **COVERED VETERAN DEFINED.**—In this section, the term “covered veteran” has the meaning given that term in section 1119(c) of title 38, United States Code, as added by section 302.

SEC. 504. STUDY ON HEALTH TRENDS OF POST 9/11 VETERANS.

(a) **STUDY.**—The Secretary of Veterans Affairs shall conduct an epidemiological study on the health trends of veterans who served in the Armed Forces after September 11, 2001.

(b) **REPORT.**—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the study under subsection (a).

SEC. 505. STUDY ON CANCER RATES AMONG VETERANS.

(a) **STUDY.**—The Secretary of Veterans Affairs shall conduct a study on the incidence of cancer in veterans to determine trends in the rates of the incidence of cancer in veterans.

(b) **ELEMENTS.**—The study under subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The age of the veteran.

(2) The period of service and length of service of the veteran in the Armed Forces.

(3) Any military occupational speciality of the veteran.

(4) The gender of the veteran.

(5) Any type of cancer that the veteran has.

(c) **REPORT.**—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the study under subsection (a).

SEC. 506. STUDY ON FEASIBILITY AND AVAILABILITY OF FURNISHING HOSPITAL CARE AND MEDICAL SERVICES TO DEPENDENTS OF VETERANS WHO PARTICIPATED IN TOXIC EXPOSURE RISK ACTIVITIES.

(a) **STUDY.**—The Secretary of Veterans Affairs shall conduct a study on the feasibility and ad-

visability of furnishing hospital care and medical services to qualifying dependents of veterans described in section 1710(e)(1)(G) of title 38, United States Code, as added by section 103(a)(1), for any illness determined by the Secretary to be connected to a toxic exposure risk activity carried out by the veteran, as determined by the Secretary, notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such activity.

(b) **ELEMENTS.**—The study under subsection (a) shall include—

(1) an assessment of the impact of furnishing hospital care and medical services to qualifying dependents as described in such subsection on the ability of the Department of Veterans Affairs to furnish hospital care and medical services to veterans;

(2) an assessment of the potential cost of furnishing hospital care and medical services to qualifying dependents as described in such subsection;

(3) an estimate of the resources required to furnish such care and services;

(4) an assessment of any stress or other effect furnishing such care and services would have on the claims and appeals system of the Department;

(5) an estimate of the number of qualifying dependents who would be eligible for such care and services; and

(6) an assessment of the feasibility of adjudicating claims for such care and services.

(c) **PHASED-IN APPLICATION.**—In conducting the study under subsection (a), the Secretary shall assess the feasibility and advisability of phasing in the furnishing of hospital care and medical services to qualifying dependents described in such subsection by the decade in which such toxic exposure risk activity occurred, starting with the most recent decade.

(d) **REVIEW OF TOXIC EXPOSURE CASES REGARDING LIABILITY OF DEPARTMENT OF DEFENSE.**—In conducting the study under subsection (a), the Secretary shall—

(1) review known cases of toxic exposure on military installations of the Department of Defense located in the United States;

(2) analyze the liability of the Department of Defense in each such case; and

(3) assess whether the Secretary of Defense should provide care and services relating to such toxic exposures under the TRICARE program.

(e) **REPORT.**—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under subsection (a).

(f) **DEFINITIONS.**—In this section:

(1) The terms “hospital care” and “medical services” have the meanings given those terms in section 1701 of title 38, United States Code.

(2) The term “illness” has the meaning given that term in section 1171 of such title, as added by section 202.

(3) The term “qualifying dependent” means—
(A) a dependent of a veteran described in section 1710(e)(1)(G) of title 38, United States Code, as added by section 104(a)(1), who resided with the veteran during the period in which, and on the installation at which, the veteran participated in a toxic exposure risk activity;

(B) an individual who was in utero of such a veteran or other qualifying dependent when the veteran participated in a toxic exposure risk activity; or

(C) a dependent of such a veteran who is not described in subparagraph (A) or (B) but who may have an illness that is connected to the toxic exposure risk activity of the veteran, as determined by the Secretary.

(4) The term “toxic exposure” has the meaning given that term in section 101 of such title, as added by section 102(b).

(5) The term “toxic exposure risk activity” has the meaning given that term in section 1710(e)(4) of such title, as added by section 102(c).

(6) The term “TRICARE program” has the meaning given that term in section 1072 of such title.

TITLE VI—IMPROVEMENT OF RESOURCES AND TRAINING REGARDING TOXIC-EXPOSED VETERANS

SEC. 601. SHORT TITLE; DEFINITIONS.

(a) **SHORT TITLE.**—This title may be cited as the “Toxic Exposure in the American Military Act” or the “TEAM Act”.

(b) **DEFINITIONS.**—In this title, the terms “active military, naval, air, or space service”, “toxic exposure”, and “toxic-exposed veteran” have the meanings given those terms in section 101 of title 38, United States Code.

SEC. 602. PUBLICATION OF LIST OF RESOURCES OF DEPARTMENT OF VETERANS AFFAIRS FOR TOXIC-EXPOSED VETERANS AND OUTREACH PROGRAM FOR SUCH VETERANS AND CAREGIVERS AND SURVIVORS OF SUCH VETERANS.

(a) **PUBLICATION OF LIST OF RESOURCES.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall publish a list of resources of the Department of Veterans Affairs for—

(A) toxic-exposed veterans, including with respect to—

(i) disability compensation under chapter 11 of title 38, United States Code; and

(ii) hospital care, medical services, and nursing home care under section 1710(a)(2)(F) of such title;

(B) caregivers of toxic-exposed veterans who are participating in the program of comprehensive assistance for family caregivers under section 1720G(a) of such title; and

(C) survivors of toxic-exposed veterans who are receiving death benefits under the laws administered by the Secretary.

(2) **UPDATE.**—The Secretary shall periodically update the list published under paragraph (1).

(b) **OUTREACH.**—The Secretary shall develop, with input from the community, an informative outreach program for veterans on illnesses that may be related to toxic exposure, including outreach with respect to benefits and support programs.

SEC. 603. INCORPORATION OF TOXIC EXPOSURE QUESTIONNAIRE DURING PRIMARY CARE APPOINTMENTS.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall incorporate a clinical questionnaire to help determine potential toxic exposures during active military, naval, air, or space service as part of the initial screening conducted for an appointment of a veteran with a primary care provider of the Department of Veterans Affairs to improve understanding by the Department of toxic exposures of veterans while serving in the Armed Forces.

(b) **DETERMINATION OF QUESTIONS.**—The questions included in the questionnaire required under subsection (a) shall be determined by the Secretary with input from medical professionals.

SEC. 604. TRAINING FOR PERSONNEL OF THE DEPARTMENT OF VETERANS AFFAIRS WITH RESPECT TO TOXIC-EXPOSED VETERANS.

(a) **HEALTH CARE PERSONNEL.**—The Secretary of Veterans Affairs shall provide to health care personnel of the Department of Veterans Affairs education and training to identify, treat, and assess the impact on toxic-exposed veterans of illnesses related to toxic exposure and inform such personnel of how to ask for additional information from veterans regarding different toxic exposures.

(b) **BENEFITS PERSONNEL.**—

(1) **STANDARD CLAIMS PROCESSOR TRAINING CURRICULUM.**—

(A) **CURRICULUM.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall ensure that a standard training curriculum exists for processors of claims under the laws administered by the Secretary who review claims for disability benefits relating to

service-connected disabilities based on toxic exposure, including employees who adjudicate such claims.

(B) **MATTERS INCLUDED.**—The Secretary shall ensure that the training under subparagraph (A) includes the following explanations with respect to claims relating to toxic exposure:

(i) A lack of a presumption of service connection is not by itself sufficient to determine that service connection does not exist.

(ii) The claims adjudicator shall always consider whether direct service connection is applicable and request, as needed, an advisory medical opinion pursuant to section 1168 of title 38, United States Code, as added by section 303.

(iii) The claims adjudicator may review and consider any record of the claimant in an exposure tracking record system pursuant to section 1119 of such title, as added by section 302, but a lack of such information is not by itself sufficient to determine that such exposure did not occur or sufficient to deny the claim.

(C) **PROVISION OF TRAINING.**—The Secretary shall—

(i) provide training under subparagraph (A) to each employee described in such subparagraph not less frequently than annually; and

(ii) using the Systematic Technical Accuracy Review program, or such successor program, conduct a nationwide, quarterly, randomized review of the quality of adjudication of claims relating to toxic exposure.

(2) **STANDARD MEDICAL EXAMINER TRAINING CURRICULUM.**—

(A) **CURRICULUM.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall ensure that a standard medical training curriculum exists for medical providers who conduct examinations and provide opinions pursuant to section 1168 of title 38, United States Code, as added by section 303, regardless of whether the provider is an employee of the Department or a contractor.

(B) **STANDARDIZED APPROACH.**—The Secretary shall ensure that the curriculum established under subparagraph (A)—

(i) provides a standardized approach to conducting and providing examinations and opinions in accordance with such section 1168; and

(ii) instructs medical providers to consider, when conducting an examination or providing an opinion—

(I) relevant medical and scientific literature;

(II) the proximity, intensity, and frequency of exposure of the individual to the identified toxic exposure;

(III) medically unexplained chronic multisymptom illnesses; and

(IV) all competent and credible evidence of record.

TITLE VII—REGISTRIES, RECORDS, AND OTHER MATTERS

SEC. 701. REGISTRY OF INDIVIDUALS EXPOSED TO PER- AND POLYFLUOROALKYL SUBSTANCES ON MILITARY INSTALLATIONS.

(a) **ESTABLISHMENT OF REGISTRY.**—

(1) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(A) establish and maintain a registry for eligible individuals who may have been exposed to per- and polyfluoroalkyl substances (in this section referred to as “PFAS”) due to the environmental release of aqueous film-forming foam (in this section referred to as “AFFF”) on military installations to meet the requirements of military specification MIL-F-24385F;

(B) include any information in such registry that the Secretary determines necessary to ascertain and monitor the health effects of the exposure of members of the Armed Forces to PFAS associated with AFFF;

(C) develop a public information campaign to inform eligible individuals about the registry, including how to register and the benefits of registering; and

(D) periodically notify eligible individuals of significant developments in the study and treatment of conditions associated with exposure to PFAS.

(2) **COORDINATION.**—The Secretary of Veterans Affairs shall coordinate with the Secretary of Defense in carrying out paragraph (1).

(b) **REPORTS.**—

(1) **INITIAL REPORT.**—Not later than two years after the date on which the registry under subsection (a) is established, the Secretary of Veterans Affairs shall submit to Congress an initial report containing the following:

(A) An assessment of the effectiveness of actions taken by the Secretary of Veterans Affairs and the Secretary of Defense to collect and maintain information on the health effects of exposure to PFAS.

(B) Recommendations to improve the collection and maintenance of such information.

(C) Using established and previously published epidemiological studies, recommendations regarding the most effective and prudent means of addressing the medical needs of eligible individuals with respect to exposure to PFAS.

(2) **FOLLOWUP REPORT.**—Not later than five years after submitting the initial report under paragraph (1), the Secretary of Veterans Affairs shall submit to Congress a followup report containing the following:

(A) An update to the initial report submitted under paragraph (1).

(B) An assessment of whether and to what degree the content of the registry established under subsection (a) is current and scientifically up to date.

(3) **INDEPENDENT SCIENTIFIC ORGANIZATION.**—The Secretary of Veterans Affairs shall enter into an agreement with an independent scientific organization to prepare the reports under paragraphs (1) and (2).

(c) **RECOMMENDATIONS FOR ADDITIONAL EXPOSURES TO BE INCLUDED.**—Not later than five years after the date of the enactment of this Act, and every five years thereafter, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Administrator of the Environmental Protection Agency, shall submit to Congress recommendations for additional chemicals with respect to which individuals exposed to such chemicals should be included in the registry established under subsection (a).

(d) **ELIGIBLE INDIVIDUAL DEFINED.**—In this section, the term “eligible individual” means any individual who, on or after a date specified by the Secretary of Veterans Affairs through regulations, served or is serving in the Armed Forces at a military installation where AFFF was used or at another location of the Department of Defense where AFFF was used.

SEC. 702. FORT MCLELLAN HEALTH REGISTRY.

(a) **ESTABLISHMENT.**—The Secretary of Veterans Affairs shall establish and maintain a special record to be known as the Fort McClellan Health Registry (in this section referred to as the “Registry”).

(b) **CONTENTS.**—Except as provided in subsection (c), the Registry shall include the following information:

(1) A list containing the name of each individual who, while serving as a member of the Armed Forces, was stationed at Fort McClellan, Alabama, at any time during the period beginning January 1, 1935, and ending on May 20, 1999, and who—

(A) applies for care or services from the Department of Veterans Affairs under chapter 17 of title 38, United States Code;

(B) files a claim for compensation under chapter 11 of such title on the basis of any disability which may be associated with such service;

(C) dies and is survived by a spouse, child, or parent who files a claim for dependency and indemnity compensation under chapter 13 of such title on the basis of such service;

(D) requests from the Secretary a health examination under subsection (d); or

(E) receives from the Secretary a health examination similar to the health examination referred to in subparagraph (D) and requests inclusion in the Registry.

(2) Relevant medical data relating to the health status of, and other information that the Secretary considers relevant and appropriate with respect to, each individual described in paragraph (1) who—

(A) grants to the Secretary permission to include such information in the Registry; or

(B) at the time the individual is listed in the Registry, is deceased.

(c) **INDIVIDUALS SUBMITTING CLAIMS OR MAKING REQUESTS BEFORE DATE OF ENACTMENT.**—If in the case of an individual described in subsection (b)(1) the application, claim, or request referred to in such subsection was submitted, filed, or made before the date of the enactment of this Act, the Secretary shall, to the extent feasible, include in the Registry such individual's name and the data and information, if any, described in subsection (b)(2) relating to the individual.

(d) **EXAMINATIONS.**—Upon the request of a veteran who was stationed at Fort McClellan, Alabama, at any time during the period beginning January 1, 1935, and ending on May 20, 1999, the Secretary shall provide the veteran with a health examination (including any appropriate diagnostic tests) and consultation and counseling with respect to the results of the examination and the tests.

(e) **OUTREACH.**—

(1) **ONGOING OUTREACH TO INDIVIDUALS LISTED IN REGISTRY.**—The Secretary shall, from time to time, notify individuals listed in the Registry of significant developments in research on the health consequences of potential exposure to a toxic substance or environmental hazard related to service at Fort McClellan.

(2) **EXAMINATION OUTREACH.**—The Secretary shall carry out appropriate outreach activities with respect to the provision of any health examinations (including any diagnostic tests) and consultation and counseling services under subsection (d).

(f) **CONSULTATION.**—The Secretary of Veterans Affairs shall consult with the Secretary of Defense to acquire information maintained by the Secretary of Defense that the Secretary of Veterans Affairs considers necessary to establish and maintain the Registry.

SEC. 703. INDEPENDENT STUDY ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.

(a) **IN GENERAL.**—Not later than 60 days after the date of the enactment of this Act, the Secretary of Defense shall enter into a contract with an independent research entity described in subsection (b) to carry out a comprehensive study of the development of the Individual Longitudinal Exposure Record, or successor system, to determine—

(1) the quality of the location data, occupational and environmental exposure data, and health surveillance data; and

(2) whether a member of the Armed Forces can be reasonably assured that any toxic exposure they experience during service in the Armed Forces will be accurately reflected in the record of the member in such Individual Longitudinal Exposure Record.

(b) **INDEPENDENT RESEARCH ENTITY.**—The entity described in this subsection is an independent research entity that is a not-for-profit entity or a federally funded research and development center with appropriate expertise and analytical capability to carry out the study required under subsection (a).

(c) **TOXIC EXPOSURE DEFINED.**—In this section, the term “toxic exposure” has the meaning given that term in section 101(37) of title 38, United States Code, as added by section 102(b).

SEC. 704. BIENNIAL REPORT ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.

(a) **IN GENERAL.**—Not later than one year after the date on which the Individual Longitudinal Exposure Record, or successor system,

achieves full operation capability, as determined by the Secretary of Defense, and every 180 days thereafter, the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, shall submit to the appropriate committees of Congress a report on—

(1) the data quality of the databases of the Department of Defense that provide the information presented in such Individual Longitudinal Exposure Record; and

(2) the usefulness of such Individual Longitudinal Exposure Record in supporting members of the Armed Forces and veterans in receiving health care and benefits from the Department of Defense and the Department of Veterans Affairs.

(b) ELEMENTS.—Each report required by subsection (a) shall include, for the period covered by the report, the following:

(1) An identification of toxic exposure events that may not be fully captured by the current systems of the Department of Defense for environmental, occupational, and health monitoring, and recommendations for how to improve those systems.

(2) An analysis of the quality of the location data used by the Department of Defense in determining toxic exposures of members of the Armed Forces and veterans, and recommendations for how to improve the quality of that location data if necessary.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of Congress” means—

(A) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate; and

(B) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives.

(2) TOXIC EXPOSURE.—The term “toxic exposure” has the meaning given that term in section 101(37) of title 38, United States Code, as added by section 102(b).

SEC. 705. CORRECTION OF EXPOSURE RECORDS BY MEMBERS OF THE ARMED FORCES AND VETERANS.

(a) IN GENERAL.—The Secretary of Defense shall provide a means for members of the Armed Forces and veterans to update their records as necessary to reflect a toxic exposure by such member or veteran in the Individual Longitudinal Exposure Record, or successor system.

(b) EVIDENCE.—

(1) PROVISION OF EVIDENCE.—To update a record under subsection (a), a member of the Armed Forces or veteran, as the case may be, shall provide such evidence as the Secretary of Defense considers necessary.

(2) BENEFIT OF THE DOUBT.—In reviewing evidence provided under paragraph (1), the Secretary of Defense shall give the benefit of the doubt to the member of the Armed Forces or veteran who provided the evidence, as the case may be, in a manner that is equivalent to the benefit of the doubt required under section 5107(b) of title 38, United States Code.

(3) REGULATIONS.—The Secretary of Defense shall prescribe by regulation the evidence considered necessary under paragraph (1).

(c) TOXIC EXPOSURE DEFINED.—In this section, the term “toxic exposure” has the meaning given that term in section 101(37) of title 38, United States Code, as added by section 102(b).

SEC. 706. FEDERAL CAUSE OF ACTION RELATING TO WATER AT CAMP LEJEUNE, NORTH CAROLINA.

(a) IN GENERAL.—An individual, including a veteran (as defined in section 101 of title 38, United States Code), or the legal representative of such an individual, who resided, worked, or was otherwise exposed (including in utero exposure) for not less than 30 days during the period beginning on August 1, 1953, and ending on December 31, 1987, to water at Camp Lejeune, North Carolina, that was supplied by, or on behalf of, the United States may bring an action

in the United States District Court for the Eastern District of North Carolina to obtain appropriate relief for harm that was caused by exposure to the water at Camp Lejeune.

(b) BURDENS AND STANDARD OF PROOF.—

(1) IN GENERAL.—The burden of proof shall be on the party filing the action to show one or more relationships between the water at Camp Lejeune and the harm.

(2) STANDARDS.—To meet the burden of proof described in paragraph (1), a party shall produce evidence showing that the relationship between exposure to the water at Camp Lejeune and the harm is—

(A) sufficient to conclude that a causal relationship exists; or

(B) sufficient to conclude that a causal relationship is at least as likely as not.

(c) EXCLUSIVE JURISDICTION AND VENUE.—The United States District Court for the Eastern District of North Carolina shall have exclusive jurisdiction over any action filed under subsection (a), and shall be the exclusive venue for such an action. Nothing in this subsection shall impair the right of any party to a trial by jury.

(d) EXCLUSIVE REMEDY.—

(1) IN GENERAL.—An individual, or legal representative of an individual, who brings an action under this section for a harm described in subsection (a), including a latent disease, may not thereafter bring a tort action against the United States for such harm pursuant to any other law.

(2) HEALTH AND DISABILITY BENEFITS RELATING TO WATER EXPOSURE.—Any award made to an individual, or legal representative of an individual, under this section shall be offset by the amount of any disability award, payment, or benefit provided to the individual, or legal representative—

(A) under—

(i) any program under the laws administered by the Secretary of Veterans Affairs;

(ii) the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); or

(iii) the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); and

(B) in connection with health care or a disability relating to exposure to the water at Camp Lejeune.

(e) IMMUNITY LIMITATION.—The United States may not assert any claim to immunity in an action under this section that would otherwise be available under section 2680(a) of title 28, United States Code.

(f) NO PUNITIVE DAMAGES.—Punitive damages may not be awarded in any action under this section.

(g) DISPOSITION BY FEDERAL AGENCY REQUIRED.—An individual may not bring an action under this section before complying with section 2675 of title 28, United States Code.

(h) EXCEPTION FOR COMBATANT ACTIVITIES.—This section does not apply to any claim or action arising out of the combatant activities of the Armed Forces.

(i) APPLICABILITY; PERIOD FOR FILING.—

(1) APPLICABILITY.—This section shall apply only to a claim accruing before the date of enactment of this Act.

(2) STATUTE OF LIMITATIONS.—A claim in an action under this section may not be commenced after the later of—

(A) the date that is two years after the date of enactment of this Act; or

(B) the date that is 180 days after the date on which the claim is denied under section 2675 of title 28, United States Code.

(3) INAPPLICABILITY OF OTHER LIMITATIONS.—Any applicable statute of repose or statute of limitations, other than under paragraph (2), shall not apply to a claim under this section.

SEC. 7. VETERANS TOXIC EXPOSURES FUND.

Chapter 3 is amended by adding at the end the following new section:

“§ 324. Veterans Toxic Exposures Fund

“(a) ESTABLISHMENT.—There is hereby established in the Treasury of the United States an account to be known as the “Veterans Toxic Exposures Fund” (the “Fund”), to be administered through the Department of Veterans Affairs, to provide for investment in the delivery of veterans’ health care, research, and benefits associated with hazardous exposure in service.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Fund for fiscal year 2023 and each subsequent fiscal year such sums as are necessary to increase funding, over the fiscal year 2021 level for the Veterans Health Administration of the Department of Veterans Affairs, for any expenses incident to the delivery of veterans’ health care and benefits associated with exposure to environmental hazards in service, including administrative expenses, such as claims processing and appeals, and for medical research related to hazardous exposures. Amounts appropriated to the Fund pursuant to this subsection shall be counted as direct spending under the Congressional Budget and Impoundment Control Act of 1974 and any other Act.

“(c) ESTIMATES FOR CONGRESSIONAL CONSIDERATION.—The Secretary shall include in documents submitted to Congress in support of the President’s budget submitted pursuant to section 1105 of title 31, United States Code, detailed estimates of the sums described in subsection (b) for the applicable fiscal year.

“(d) PROCEDURES FOR ESTIMATES.—The Secretary, after consultation with the Committees on Appropriations of the House of Representatives and the Senate, may establish policies and procedures for developing the annual detailed estimates required in subsection (c).”

SEC. 7. AUTHORIZATION OF ELECTRONIC NOTICE IN CLAIMS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

Title 38, United States Code, is amended as follows:

(1) By striking section 5100 and inserting the following:

“§ 5100. Definitions

“In this chapter:

“(1) The term ‘claimant’ means any individual applying for, or submitting a claim for, any benefit under the laws administered by the Secretary.

“(2) The term ‘notice’ means a communication issued through means (including electronic means) prescribed by the Secretary.”

(2) In section 5104, by adding at the end the following new subsection:

“(c) The Secretary may provide notice under subsection (a) electronically if a claimant (or the claimant’s representative) elects to receive such notice electronically. A claimant (or the claimant’s representative) may revoke such an election at any time, by means prescribed by the Secretary.

“(d) The Secretary shall annually—

“(1) solicit recommendations from stakeholders on how to improve notice under this section; and

“(2) publish such recommendations on a publicly available website of the Department.”

(3) In section 5104B(c), in the matter preceding paragraph (1) by striking “in writing” and inserting “to the claimant (and any representative of such claimant)”.

(4) In section 7104—

(A) in the heading, by adding “; decisions; notice” at the end; and

(B) by striking subsection (e) and inserting the following:

“(e) After reaching a decision on an appeal, the Board shall promptly issue notice (as that term is defined in section 5100 of this title) of such decision to the following:

“(1) The appellant.

“(2) Any other party with a right to notice of such decision.

“(3) Any authorized representative of the appellant or party described in paragraph (2).

“(f) The Secretary may provide notice under subsection (e) electronically if a claimant (or the claimant's representative) elects to receive such notice electronically. A claimant (or the claimant's representative) may revoke such an election at any time, by means prescribed by the Secretary.”.

(5) In section 7105(b)(1)(A), by striking “mailed” and inserting “issuance”.

(6) In section 7105A(a), by striking “mailed” and inserting “issued”.

(7) In section 7266(a), by striking “mailed” and inserting “issued”.

SEC. 7. AUTHORIZATION OF APPROPRIATIONS FOR EXPANSION OF CLAIMS AUTOMATION.

There is authorized to be appropriated to the Secretary of Veterans Affairs \$30,000,000 for fiscal year 2023 to support expected increased claims processing for newly eligible veterans pursuant to this Act and the amendments made by this Act by—

(1) supporting the automation of processing claims by the Veterans Benefits Administration of the Department of Veterans Affairs;

(2) adding self-service features to the system by which individuals file claims;

(3) removing duplicative efforts regarding the processing of claims; and

(4) reducing the dependency of the Department on the legacy claim system.

The SPEAKER pro tempore. The bill, as amended, is debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Veterans' Affairs or their respective designees.

The gentleman from California (Mr. TAKANO) and the gentlewoman from Iowa (Mrs. MILLER-MEEKS) each will control 30 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 3967, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3967, as amended, the Honoring Our PACT Act of 2021.

When we sent our servicemembers into harm's way, we made a pact to care for them when they came home. But for too long, Congress and the Department of Veterans Affairs have been slow to accept responsibility and cost of that care, citing high costs or lack of absolute, scientific proof of illness connections to service. The result is a disability claims process that is cumbersome and places the burden of proof for toxic exposure on veterans themselves.

Every day more and more veterans speak out about exposure to environmental hazards and other toxic substances during their military service.

Recently, I put out a call encouraging toxic exposed veterans to share their experiences with the House Vet-

erans' Affairs Committee. We heard from thousands of veterans in 49 States. These reflections are very powerful. Mr. Speaker, and I would like to share some of them with you now.

Navy veteran Ed described how toxic exposures overwhelmed his senses. He wrote: “You could not escape the jet fuel. You could see it, smell it, and taste it.”

I heard from Marine veteran Mike who said: “Even when we weren't actively engaged in dumping items into the burn pit, we were still exposed.”

Air Force veteran Christopher R. described his dealings with VA stating: “I continue to be rejected because they say that it is impossible to prove that it is service related. I never worked with chemicals before my service or since. I feel like a nuisance to the VA health system.”

I heard from a widow of Army veteran Austin Monk who said: “No wife should have to bury her 22-year-old husband because of his exposure to unsafe conditions while in service to his country.”

□ 1230

These stories are heart-wrenching and frustrating. Our veterans are fighting their own government to grant them the care and benefits they have earned.

We should be outraged listening to these stories, and it should be clear how urgent passing the Honoring Our PACT Act is for our veterans. Veterans and veterans service organizations agree.

Mr. Speaker, I include in the RECORD letters of support from more than 42 veterans service organizations.

FEBRUARY 24, 2022.

Hon. NANCY PELOSI,
Speaker,
House of Representatives.

Hon. KEVIN MCCARTHY,
Minority Leader,
House of Representatives.

DEAR SPEAKER PELOSI AND MINORITY LEADER MCCARTHY: On behalf of the American service members and veterans we represent, the undersigned representatives of our respective Veterans and Military Service Organizations call on the House to expeditiously consider and pass into law the Honoring Our PACT Act (H.R. 3967).

Throughout our history, and most recently over the course of more than 20 years of war in the post-9/11 era, service members and veterans suffered prolonged exposure to dangerous toxic substances, such as burn pits that destroyed trash, medical and human waste, chemicals, and fuel, in and around the battlefields of Iraq, Afghanistan and other places. Of the hundreds of thousands of our members who have suffered these exposures, many have returned home sick (or would become ill), and many have also died of their injuries.

Collectively, we have spent years educating Congress, national leaders, and the public on the enormous scope of the injuries faced by our community. There have been small-scale measures to boost education, training, research, and outreach to begin to address the problem. Over the last several years, many of our organizations have worked together to assemble the components of comprehensive toxic exposure legislation

that provides VA health care, a new process to determine future presumptive conditions, and provide overdue disability benefits to thousands of veterans from all wars and eras suffering from toxic exposures.

There have been a number of bills introduced in the House that address different aspects of the toxic exposures puzzle, however the Honoring Our PACT Act is the only bill that provides a truly comprehensive solution. Although many of us have supported some of these other burn pits and toxic exposure bills, none of them provides a complete and lasting solution for veterans who are or may become ill as a result of toxic exposures. Consequently, when the Honoring Our PACT Act is brought to the floor for consideration, if any such legislation is offered as an amendment or motion to restrict or substitute, rather than supplement, the underlying bill, we would urge all members to oppose such amendments or motions.

Our organizations call on the House to pass the Honoring Our PACT Act without further delay, to finally provide those who have laid their lives on the line for all Americans with the health care and benefits they need and deserve.

Sincerely,

Air Force Sergeants Association (AFSA), Association of Military Surgeons of the United States (AMSUS), Army Aviation Association of America, Burn Pits 360, California Communities Against Toxics, Cease Fire Campaign, Commissioned Officers Association of the USPHS, Disabled American Veterans (DAV), Dixon Center for Military and Veterans Services, Enlisted Association of the National Guard of the United States (EANGUS), Environmental Working Group (EWG), Fleet Reserve Association (FRA), Gold Star Wives of America, GO2 Foundation for Lung Cancer.

Green Beret Foundation, Iraq and Afghanistan Veterans of America (IAVA), Jewish War Veterans of the USA, Service Women's Action Network (SWAN), Military Chaplains Association, Military Officers Association of America (MOAA), Military Order of the Purple Heart (MOPH), Military-Veterans Advocacy, Minority Veterans of America, National Association of County Veterans Service Officers, National Military Family Association (NMFA), National Veterans Legal Services Program (NVLSP), Naval Enlisted Reserve Association (NERA), Non Commissioned Officers Association (NCOA).

Paralyzed Veterans of America (PVA), Reserve Organization of America (ROA), Student Veterans of America (SVA), Task Force Dagger Foundation, The American Legion, The Enlisted Association (TREA), Tragedy Assistance Program for Survivors (TAPS), United Soldiers and Sailors of America, United States Army Warrant Officers Association, Veteran Warriors, Veterans of Foreign Wars (VFW), Veterans Prostate Cancer Awareness, Vietnam Veterans of America (VVA), Wounded Warrior Project (WWP).

Mr. TAKANO. Mr. Speaker, I wish to thank NANCY PELOSI, our Speaker, for her commitment to bring this bill to the floor. After years of diligent input from my colleagues, our staff, VA, VSOs, and toxic-exposed veterans themselves, I am confident that we are bringing the best possible version of this bill up for a vote.

The administration agrees and has stated that it “strongly supports” this legislation.

Mr. Speaker, I include in the RECORD the Statement of Administrative Policy for H.R. 3967.

STATEMENT OF ADMINISTRATION POLICY

H.R. 3967—HONORING OUR PROMISE TO ADDRESS COMPREHENSIVE TOXICS (PACT) ACT—REP. TAKANO, D-CALIFORNIA AND 100 COSPONSORS

The Administration strongly supports H.R. 3967, which would expand veterans' access to health care and benefits to address the health effects of harmful environmental exposures that occurred during military service.

The President believes that our Nation has only one truly sacred obligation: to properly prepare and equip our service members when we send them into harm's way and to care for them and their families when they return home. Far too often, military service comes with a cost, and we owe it to our veterans and their families to address these consequences comprehensively. Unfortunately, it has taken decades to understand the deleterious effects of environmental exposures—leaving too many without access to the benefits and services they need.

H.R. 3967 would make changes to the definitions for who is eligible for VA health care based on presumed toxic exposure during military service, including from burn pits, radiation, or other environmental conditions. H.R. 3967 would also make changes to the Department of Veteran Affairs (VA's) process for determining presumptive service connection and mandate several research studies related to military related environmental exposures. It would also establish new registries related to exposures, which would provide new data on the long-term impacts from environmental exposures. H.R. 3697 also would allow a Federal cause of action related to contaminated water at Camp Lejeune, North Carolina and establish training requirements for health providers, and require an outreach plan to educate veterans about their eligibility for benefits and services related to toxic exposure.

The Administration looks forward to working with the Congress to enact this legislation and ensuring it is effectively implemented. We must address the toxic legacy of environmental exposures sustained by veterans during their military service and fulfill our sacred obligation to our veterans, their families, caregivers, and survivors. We must also ensure that VA has the resources it needs to implement this legislation.

Mr. TAKANO. Mr. Speaker, I include in the RECORD a letter of support from The Independence Fund.

THE INDEPENDENCE FUND,
February 23, 2022.

Hon. MARK TAKANO,
Chair, House Committee on Veterans Affairs,
Washington, DC.

Hon. MIKE BOST,
Ranking Member, House Committee on Veterans
Affairs, Washington, DC.

DEAR CHAIRMAN TAKANO AND RANKING MEMBER BOST: The Independence Fund endorses the Honoring Our PACT Act (H.R. 3976) and urges its quickest adoption by the full House of Representatives. We further urge the House to engage the Senate with an appropriate legislative vehicle to get a House-Senate conference started as soon as possible to work out a final legislative solution this spring.

The Independence Fund's been proud to join with Wounded Warrior Project, Iraq and Afghanistan Veterans of America, and numerous other veteran organizations through the Toxic Exposure in the American Military (TEAM) Coalition since August of 2020 and the initial introduction and Senate passage of the Toxic Exposure in the American Military (TEAM) Act of 2020 (S. 4393) and has applauded the serious and intensive work the House Committee on Veterans Affairs undertook over the last 16 months.

Now, with the potential House passage of H.R. 3967, we commit to engaging the Senate to pass this bill as soon as possible, and if necessary, proceed to a Conference Committee as soon as possible to ensure this bill can be enacted in this Session of Congress. We will also urge the other veteran and military serving organizations with which we work to join us in such an effort collectively.

A veteran The Independence Fund serves, Nick Ooley, joined the Army in 2007 and deployed to Iraq the following year. Today, he is unable to run, jog, or even play basketball with his 11-year-old son. As he details, "Burn pits were all over the place. We did convoy security, so we would travel to Al Taqaddum, Ramadi, Fallujah, Baghdad, all over the place. When we would drive through or get stationed in those areas, we would be breathing this smoke all the time. The smoke would be so thick during the day that the lights would come on like it was dark." But with 78% of all disability claims related to toxic exposure denied by the VA, disabled veterans are denied the help they desperately need and deserve.

While The Independence Fund will always support disabled veterans like Nick through our disabled veteran assistance programs, the presumptive condition relief and mandated health care provided in The Honoring Our PACT Act will be a crucially needed lifeline for these veterans who have given so much in the defense of our country. We salute your leadership on this issue and stand ready to assist however we can in making this the law of the land.

Very Respectfully,

BOB CAREY,
Executive Vice President,
Advocacy & Strategy.

Mr. TAKANO. Mr. Speaker, it is now time for the Members of this body to answer a simple question: Am I willing to support our troops and honor our Nation's promise to them?

This bill addresses the true cost of war, and opposing it would be a vote against our servicemembers and veterans. Such a vote would be inconsistent with the thank-yous and patriotic displays so many of my colleagues offer on Veterans Day. Veterans want action, and they deserve our action.

We made a promise to deliver comprehensive toxic exposure legislation, and I intend to keep that promise.

The Honoring our PACT Act will address the full scope of issues affecting toxic-exposed veterans' access to VA care and benefits while reforming VA's presumptive decisionmaking process. It will expand VA healthcare eligibility for over 3.5 million veterans exposed to burn pits and establish a presumption of service connection for over 23 respiratory illnesses and cancers. There is no other toxic exposure legislation in Congress like this one in scope or in soundness.

Before I close, I must emphasize something essential. We cannot renege on our responsibility to toxic-exposed veterans because of any perceived sticker shock.

Cries for offsets and pay-fors did not stop Congress from passing a \$1.9 trillion tax cut for corporations and the wealthy in 2017. Over the past 20 years, Congress and our country made the choice to spend trillions on other priorities while sending servicemembers

into harm's way at the cost of \$6.4 trillion.

We know that this Congress is willing to find money when it wants to, as it recently demonstrated by adding \$25 billion to the last National Defense Authorization Act. When our country goes to war, we don't nickel and dime the Department of Defense, and we shouldn't try to pinch pennies when it comes to covering the care for toxic-exposed veterans.

We will not stand by and be lectured about fiscal responsibility when we have a moral obligation to America's veterans. And the time to meet that obligation is now.

Mr. Speaker, I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in opposition to H.R. 3967, the PACT Act. I wish that this were not the case. I would love to be here today standing proud alongside the chairman in support of this bill. I know Ranking Member BOST would as well.

I am new to Congress, but I understand that, historically, the Veterans' Affairs Committee would work on a bipartisan basis to advance legislation of this magnitude. The MISSION Act and the Forever GI Bill are wonderful examples of the majority and minority in the House and Senate working together in prior Congresses on a compromise that both sides could support and send to the President's desk. That is how Congress should work.

That is why they used to say that those of us on the Veterans' Affairs Committee would leave our party affiliations at the door, and that the Veterans' Affairs Committee was the most bipartisan committee in Congress. That is no longer the case under this Democrat majority. The PACT Act is a sad example of that.

My fellow Republicans and I want to work with the majority to create a fair and consistent pathway for healthcare benefits for toxic-exposed veterans. This is an issue we care deeply about, for which I have a personal association, and have made our top priority in the 117th Congress.

But the majority has consistently refused to meaningfully communicate with us on this bill. In fact, the majority significantly rewrote major portions and components of the PACT Act less than 2 weeks ago and refused to even discuss those changes with those of us in the minority.

Because we did not work together to resolve our differences, the bill has serious flaws that we were unable to resolve. Already, the manager's amendment would extend benefits to more veterans without scientific justification, showing just how slippery a slope this bill would set.

As an alternative, I support creating a fair and consistent process for the VA to decide whether benefits are warranted for certain military toxic exposure events.

VA should base this decision on criteria that weighs the strength of scientific evidence supporting a link between the development of a condition and toxic exposure. In fact, for the past 2 years during the pandemic, we have heard repeatedly from the opposite side about following the science.

If the VA determines that there is at least a 50 percent chance that these veterans' disabilities are linked to toxic exposure, then VA should grant benefits on a presumptive basis.

The PACT Act attempts to create such a framework, but I believe more discussion is needed to determine if it is the best path forward. That is especially important since the VA began piloting its own program for deciding whether there is a scientific link between a disability and toxic exposure last year.

Under VA's model, certain Gulf war and post-9/11 veterans who were exposed to airborne hazards and develop asthma, sinusitis, and rhinitis became eligible for benefits last September. And just this past week, VA announced it will provide compensation to certain veterans who are diagnosed with nine rare respiratory cancers.

VA's decisions were based on science. However, it is unclear if all the conditions under Chairman TAKANO's bill would meet the scientific threshold under his framework or under the VA's.

Furthermore, the PACT Act could also flood VA with so many new mandates that veterans already receiving care and benefits wait longer. Veterans wait too long for VA services right now. I hear frequently from veterans in Iowa who can't get the care they need, are waiting months and, in some States, even years for the benefits they have earned. I don't know of a Member in this body who can't say the same thing.

Making those veterans wait even longer is unacceptable, and it could be unprecedented where the claims process is concerned.

In 2013, the disability claims backlog peaked at 600,000 pending claims. Veterans were waiting years to receive an initial decision of their claim, and then, if it was denied, they were waiting even longer while the VA processed their appeal.

VA has made some improvements to how disability claims are processed since 2013, but the Department is still years away from developing the information technology needed to truly expedite claims processing.

If the PACT Act were enacted, VA estimates the disability claims backlog could reach over 1.5 million claims by the end of fiscal year 2023. That is more than double the height of the backlog in 2013.

If veterans were waiting years for their benefits 9 years ago, imagine how long they would have to wait today for a backlog that is more than two times the size it was then. That is completely unreasonable.

The PACT Act is also unacceptable for taxpayers. CBO estimates the PACT

Act would require over \$300 million in new government spending. Not a penny of those costs are offset.

Additionally, some of the amendments we will be voting on would increase the costs by millions of dollars in new mandatory spending on top of that.

You will hear some say that this is just the cost of war. Anyone who has served, or has a loved one who serves, like I have, and do, know what war costs. They also know that veterans pay taxes, too. They also know that veterans have children and grandchildren whose futures they don't want to be anymore burdened with debt than they already are.

The PACT Act costs more than the combined discretionary budgets of nine Cabinet-level departments. Think about that. And then think about inflation and our national debt, which is already skyrocketing and is causing American taxpayers to pinch pennies.

We are not doing right by our veterans by being fiscally irresponsible in their name, and I say that as a veteran myself.

Finally, there is no clear or quick path forward in the Senate for the PACT Act. In comparison, we could send legislation to the President's desk today that would help sick veterans get the care they need.

The Health Care for Burn Pit Veterans Act would let toxic-exposed post-9/11 combat veterans enroll in the VA healthcare system. It is bipartisan, and it has already passed the Senate last month.

I understand the majority would like to go to conference over the Health Care for Burn Pit Veterans Act and the PACT Act, but I also understand that the majority supports the Health Care for Burn Pit Veterans Act because they included it as a provision in the Rules Committee print of the PACT Act.

If we all agree that the Health Care for Burn Pit Veterans Act is a good policy, why would we delay its enactment?

Every day that the House fails to send it to the President is another day that veterans are deprived of lifesaving care. Nothing could be more wrong-headed than that.

The Health Care for Burn Pit Veterans Act is the correct first step toward this process. It will deliver needed healthcare to toxic-exposed veterans and buy us the time to work on a bipartisan, bicameral basis to deliver other benefits and services to them down the line. They would at least have healthcare now.

We should have done this throughout this congressional session, but we haven't even started yet. Sick veterans should not pay the price for our inaction.

Rather than pass the PACT Act in the House, with its many flaws and an extremely high likelihood of dying in the Senate, we must pass the Health Care for Burn Pit Veterans Act today.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, it is my honor and privilege to yield 1 minute to the gentlewoman from California (Ms. PELOSI), a person who has done more for veterans in modern times than any other leader of this body.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding and for his kind words, which I accept on behalf of our working in a bipartisan way for our veterans over the years, Democrats and Republicans. And I thank the chairman for his extraordinary leadership, both in this case and earlier for our veterans, completing our Agent Orange responsibilities to our veterans.

As well, I thank Congressman RUIZ, a doctor and a Member of Congress who has been a champion on this issue, and ELAINE LURIA, a veteran and a Member of Congress who has been so instrumental in bringing this legislation to the floor.

When the President spoke last night about meeting the needs of our veterans when it came to the burn pits, he received almost a unanimous standing ovation for that. It was very encouraging to see the Congress of the United States, House and Senate, Democrats and Republicans, recognize their obligation to our men and women in uniform.

It is important to note that over the past generation, over 3 million of our courageous Americans have answered the call to serve and have donned the uniform to protect our freedoms as heroic Americans, just as people have done since our founding.

From the deserts of Iraq to the mountains of Afghanistan—I was hearing this morning about Kandahar—and on bases and in military theaters around the world, these heroes have risked their lives to fight the enemy and yet, tragically, have had to face another deadly threat due to exposure to burn pits and other toxic substances.

We always say about our military on the battlefield that we leave no soldier behind, and when they come home, we leave no veteran behind. Instead of receiving comprehensive, timely care and benefits, sometimes they are forced to confront a disability claims process that is nearly impossible to navigate. That is why the Honoring our Promise to Address Comprehensive Toxics Act, the PACT Act, finally, faithfully fulfills that pledge now and into the future, that we will leave no veteran behind.

□ 1245

The budget costs of it are a cost of war. When we decide that we need to engage and initiate military action, we should understand that the cost is not just in our defense budget but also in our veterans' budget when they come home.

Frankly, the cost of this bill is a fraction, if we are talking budget, of the cost of the Republican tax bill that they passed in 2017, which added \$2 trillion to the national debt. I don't hear

anybody complaining on the other side of the aisle about what impact that had on veterans and their concerns about the fiscal soundness of the United States.

So let's just put it to rest: If it is a cost that we must have for our veterans—and this has been thoroughly researched, and others will speak to that—then we cannot say we can't afford it. It isn't about the price. It is about the value of what we get for this.

In the last 20 years, the VA has seen over a 60 percent increase in rates of cancer due to toxic exposure. Eighty-six percent of veterans from Iraq and Afghanistan report being exposed to the toxic fumes of burn pits, and 88 percent of those exposed said they were experiencing symptoms that could be related to that.

Potentially up to 3.5 million veterans deployed post-9/11 may have been exposed to toxic fumes and substances. Despite this reality, nearly 75 percent of burn-pit-related disability claims were denied, Mr. Speaker.

Too often, the VA and Congress have said it is just too expensive to care for, and there just isn't enough proof. The result of this negligence has been tragic. Thousands of veterans and families have been forced to suffer, including heroes like one I will quote, Staff Sergeant Wesley Black.

Staff Sergeant Black was a Purple Heart hero who survived two tours in Iraq and Afghanistan. In November, he died at the age of 36 from colon cancer tied to toxic exposure from burn pits, leaving behind his wife and new baby.

After serving his country with distinction, Sergeant Black should have been able to retire happily, with pride. Instead, he spent his final days fighting for the reforms contained in this legislation so that no current or future veteran would be forced to endure the same horror that he and his family did.

Staff Sergeant Wesley Black, before his passing, said: It is too late for me, but it is not too late for the next veteran who walks down the halls of the VA and goes in and complains about the signs and symptoms.

We must make sure it is not too late for other veterans, I say, and when we send our servicemen and servicewomen into harm's way, we care for them when they come home.

This is particularly important to me, because a long time ago, long before I was in Congress, in 1981, I went and sat with veterans in California, with Dick Gregory, who was making a big association with the cause for Agent Orange, in 1981, California, veterans having a hunger strike. Dick Gregory knew about hunger strikes from the civil rights movement, and he was associating himself with them and instructing them on how to survive a hunger strike, and I had the privilege of being with them.

Little did I know at that time, it would take decades to address their Agent Orange concerns. And it wasn't even complete until Chairman TAKANO

did so with the Navy legislation that he passed.

We cannot let that much time go by. That would be shameful to our country.

Let us also thank Mr. CARTWRIGHT, who also included in his package the Camp Lejeune Justice Act. Anyone who has heard from those families coming from Camp Lejeune, not just the servicemembers but their family members, who have been damaged related to injuries incurred while serving at Camp Lejeune. The list goes on.

Again, thanks to Chairman TAKANO, Congressman RAUL RUIZ, Congresswoman ELAINE LURIA, and Congressman MATT CARTWRIGHT. I thank everyone who has worked so hard to bring this to the floor. I want to also thank Senator TESTER, with whom Chairman TAKANO and our committee have worked closely.

We share a goal. We have to find the complete package so that it is comprehensive and fulfills our responsibilities.

Others will go into the particulars of it. I want to also salute the distinguished Secretary of the VA, Denis McDonough, for the attention that he has paid to making sure what we do honors the promise of the PACT Act, so that the bill is written in a way that delivers in a timely fashion to our veterans.

I could not have been more excited when the President of the United States included this important initiative in his remarks, not only as legislation but in the larger issue of what it means to our country, how we value our veterans and how we want to pass this legislation and get it to his desk soon so it will be a comfort to our veterans and their families.

On the battlefield, we leave no soldier behind. When they come home, we leave no veterans behind.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I could not agree more that we can act today, and we can forward legislation to the desk of the President for his signature by passing the Health Care for Burn Pit Veterans Act today, so that there is not another Sergeant Wesley Black who is denied healthcare while the VA processes his claims.

We would be more than delighted to help the President in honoring his initiative, as he stated last night in the State of the Union, by today passing the Health Care for Burn Pit Veterans Act.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. LEVIN), my good friend, who serves as the chair of the Committee on Veterans' Affairs Subcommittee on Economic Opportunity.

Mr. LEVIN of California. Mr. Speaker, I thank Chairman TAKANO for his leadership.

Mr. Speaker, I rise today in strong support of the Honoring our PACT Act.

All too often, many veterans hear the words "thank you for your service" but don't see enough action behind those words.

Sadly, that has been true for millions of veterans who were exposed to toxic substances during their service and are now suffering from related health conditions.

While they defended our country, they were exposed to burn pits, PFAS chemicals, and more, but we failed to hold up our end of the bargain to care for them when they returned home.

In the case of Vietnam veterans, many who were exposed to Agent Orange, were forced to wait more than 40 years before they saw proper benefits.

For too long, the burden of proof has been on the veteran to show that their illness is a result of toxic exposure they experienced during their service. For too long, veterans have been told that it is too expensive to cover the range of health issues that they have as a result of their toxic exposure. That is wrong, and we must do better for our veterans.

With the Honoring our PACT Act, we can do right by our veterans. This includes finally presuming that if they were exposed to toxic substances during their service and are now experiencing one of 23 respiratory illnesses and cancers, then that illness is as a result of their exposure, and they are owed proper access to benefits and care through the VA.

I also want to highlight what I hope will become a key piece of this bill, an amendment I offered to authorize Federal grants for county veterans service officers who help veterans and their families understand resources at their disposal, file benefit claims, and represent veterans in VA hearings.

County veterans service officers are often veterans' best allies in navigating red tape within the VA and securing the benefits that veterans have earned, which will be particularly important for the 3.5 million veterans who may be eligible for new benefits and care as a result of this legislation.

The amendment is similar to my Commitment to Veteran Support and Outreach Act, which I introduced with a bipartisan group last year. I hope to see it move forward as part of our Honoring our PACT Act today.

As I said, this legislation is our opportunity to put real action behind our words. Saying "thank you for your service" has never been enough. It is time to fulfill the promises we made to our troops and invest in the care and benefits they deserve.

Mr. Speaker, I encourage my colleagues to vote "yes."

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. HOYER), the esteemed majority leader of this House.

Mr. HOYER. Mr. Speaker, I thank Chairman TAKANO not only for yielding

time, but much more importantly, I thank him for the extraordinary work he does on behalf of the Armed Forces and for its veterans. He is tireless in his advocacy of veterans' interest.

I meet with him every Wednesday in the chairman's meeting. He is always speaking up about how we need to continue our focus on the needs of our veterans who served our country so heroically, whether they went overseas or not.

Some of the veterans that we are talking about today were not overseas when they contracted a disease or an illness as a result of toxic substances. They were here in America. There is a poet who says: They also serve who stand and wait ready to serve, ready to be deployed to the point of the spear.

Mr. Speaker, you and I are old enough—I don't want to be too harsh on the Speaker—but to remember the song: When Johnny comes marching home again, hurray, hurray, the boys will shout, the girls will cheer, and the women, they will all turn out.

One of the problems we have seen, though, after that cheering, that after that parade, after that exultation, is that memories are short. As time goes by, some of our veterans, sadly, tragically, and wrongfully, have been forgotten.

This bill says we do not forget. This bill says we will be there for you, and, yes, we will be there even if there is a substantial cost to it.

This is a defense cost. In my view, the veterans cost ought to be in the defense budget, and it ought to be there because that is what we are all enthusiastic about spending money on. Veterans need to be and are our first priority.

I thank the chairman for his focus and for his action. He has long been a champion of our veterans and their well-being.

I also thank Representative RUIZ and Representative LURIA, who is sitting here with us, who have worked very hard on this legislation. Mrs. LURIA, from Virginia, is a retired commander from the United States Navy. She and her husband commanded a ship. Dr. RUIZ has been on the front line of illness, the front line as an emergency physician, and knows full well the psychological and physical effects of toxic material to the well-being of individuals. I thank Dr. RUIZ and Commander LURIA for their work on this bill.

Our veterans served with honor and routinely went above and beyond the call of duty in their defense of our Nation. Many of them risked their lives; not everybody, there were some that were support, and without their support those at the point of the spear could not have been successful.

We have a responsibility, Mr. Speaker, a moral responsibility, to care for our veterans when they return home and ensure that they receive the treatment they deserve.

When we send our servicemembers to war, when we recruit them, when we

put them in a position by order and they become ill because of where they are, because of either negligent or unknowing actions, unknowing to the extent we don't know the adverse effects that they caused, whatever the situation, a soldier's exposure is our responsibility.

A soldier's exposure to burn pits and other toxic substances during their service has been shown to be connected to a greatly increased risk of cancer and respiratory diseases. There is no doubt about that.

The legislation before us would expand veterans' healthcare access and benefits to address the effects of those toxic exposures that occurred during their military service.

Mr. Speaker, you and I both know we asked our veterans to go to battle for America, and they answered the call. When they return home, veterans should not have to go to battle against red tape to receive the medical treatment and benefits they have earned through their service.

□ 1300

They ought to be able to access care for the physical and mental wounds they carry without impediment or delay. All of us have gotten cases where there have been weeks, months, years that veterans have waited for benefits that they deserve under law, and as a moral responsibility of our government.

We thank our veterans for their service. As I said, we cheer and shout and turn out. But this is our responsibility. This is not about cheering or shouting. This is about doing what we ought to do for those who were injured in the defense of our Nation and our freedom. This is our opportunity to keep our promise to put our veterans first and truly give them our highest respect.

Again, I thank my friend, Chairman TAKANO. I thank all the members of the Committee on Veterans' Affairs and all those veterans who don't forget those who come after them. I thank Mr. TAKANO for his leadership, and I urge my colleagues from both sides of the aisle to join in passing this bill with a strong bipartisan support.

Our President talked about bipartisanship. I talked to Mr. SCALISE about being the loyal opposition. Not loyal to Democrats or Democrat leaders, but loyal to our country. Being loyal to our country means being loyal to those who served and preserved the freedoms that we enjoy, this home of the free and land of the brave. I think it is the opposite way around, but we get the point. Brave and free go together. Let us not forget. Let's pass this bill.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, anyone who has served or has a loved one who serves, like I have and do, knows the cost of war good and well.

Veterans pay taxes, too. Veterans also have children and grandchildren

that they don't want to burden with debt. The Honoring our PACT Act costs more than the combined discretionary budgets of nine Cabinet-level departments: Transportation, Commerce, Homeland Security, State, HUD, Interior, Justice, Energy, and Labor.

We shouldn't dismiss those massive costs so easily. Just as we have a moral responsibility to care for our veterans, we have a moral responsibility to understand the real-world consequences that we can already see in skyrocketing inflation and national debt. Congress should have to pay our bills just like our constituents do.

I am not downplaying the importance of benefits. Getting the Health Care for Burn Pit Veterans Act signed into law may be the first step in this fight, but it would be a lifesaving one. It does no good to have benefits if you are not alive to have them. Republicans invited Jim Price, a toxic-exposed veteran and widower of one, to testify, and he says it better than I could. In Jim's words, "Benefits mean nothing if you are no longer alive."

Chairman TAKANO acknowledged last week that he has not even started talking to the Senate about a compromise on this bill. That means we are months away from a deal, if we can even find one. Meanwhile, veterans could receive lifesaving healthcare now. Some veterans don't have that long to wait. They need that healthcare now.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from New Hampshire (Mr. PAPPAS), my good friend who serves as chair of the Subcommittee on Oversight and Investigations for the Veterans' Affairs Committee.

Mr. PAPPAS. Mr. Speaker, I thank Chairman TAKANO for yielding and for his leadership on this issue, which answers the call of our Nation's veterans, their advocates, and our veterans service organizations.

I rise in support of the Honoring our PACT Act, which makes good on this Nation's promise to veterans. It is well past the time that we address the impacts of toxic exposure that have been endured by members of our military. I am glad that we are taking meaningful, comprehensive action today.

I am also pleased that this legislation includes a bill that I introduced, the PFAS Registry Act. PFAS chemicals have contaminated the environment and drinking water sources of hundreds of military bases across the country, including Pease Air Force Base in my district. These forever chemicals persist in the environment and the body and are linked to serious health conditions, including cancer.

This provision will give military servicemembers and veterans access to health information, research updates, and other resources to help protect public health and provide relief to those who have been exposed to PFAS.

The Honoring our PACT Act will help veterans already suffering from the impacts of toxic exposure. We also must do more to reduce the risk that more servicemembers will be exposed. That is why I have also submitted an amendment that will require our government to proactively raise awareness of the dangers of toxic exposure to Active Duty personnel.

These provisions will require DOD and VA to create a strategy for awareness and prevention that will protect Active Duty servicemembers from harm and save lives.

Our men and women in uniform already face numerous threats to life and limb for their service. We must minimize risks that environmental and toxic hazards pose and provide the care, benefits, and support that these veterans have earned. It is our solemn responsibility.

Mr. Speaker, I urge swift passage of my amendment as well as the underlying legislation.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, section 706 comes from H.R. 6482, which was referred to the Judiciary Committee, not the Veterans' Affairs Committee. H.R. 6482 has not gone through the regular order of this Congress. This is another blatant example of the Democrat majority pushing through legislation without careful consideration of the impact it may have on the Federal Government. Moreover, this provision is a departure from past precedent because it would allow veterans to sue the United States for a disability incurred in military service. This type of change would not simply be air dropped into a bill without careful consideration within this committee.

The VA estimates that the PACT Act will cause an unprecedented backlog of over 1.5 million disability claims. This will lead to longer wait times for veterans and put a strain on DVA resources and personnel. An increase in claims decisions is likely to result in an increase in appeals, which will add to the appeals backlog.

All veterans, not just toxic-exposed veterans, will be forced to wait months or years for a final decision on their disability claim or appeal. This is a big risk to take when there is little to no science backing the benefits expansion under this bill.

And our moral responsibilities? What will I say to the veterans in my district who could get healthcare now if we refuse to consider a bill that will pass?

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentlewoman from Virginia (Mrs. LURIA), my good friend and cosponsor of H.R. 3967. She is the chair of the Disability Assistance and Memorial Affairs Subcommittee and also a veteran herself and former commander of a naval surface ship.

Mrs. LURIA. Mr. Speaker, as a 20-year veteran myself, it is an honor to

stand before you today. I would say that the urgency of what our veterans are facing should not be lost on this body: Autoimmune disorders, cancer, chronic disease, respiratory issues, infertility, and organ failure are just a few in a lengthy list of conditions associated with toxins during military service.

Why should our veterans, who risked their lives on the battlefield, now have to battle for their healthcare when they return home?

There should be no question of our commitment to the veterans who voluntarily served our Nation without hesitation. This body should not hesitate to pass this legislation, the Honoring our PACT Act. I am proud to serve a district that has such a strong military and veteran presence.

Nearly one out of every six people in Virginia's Second Congressional District is a veteran and even more of their family members. Many of those veterans come from the Gulf war era, with 42 percent of them having served in the post-9/11 era. My presence at this podium today reconfirms my unwavering commitment to all of our constituents who depend on the passage of this legislation to get the healthcare that they deserve from toxic exposure.

Let me be clear. Veterans have earned the right to accessible VA healthcare. As such, the choice is clear that we need to pass the Honoring our PACT Act. Our work on this vital legislation has been bipartisan, and it incorporates two bills that I have introduced: The COVENANT Act, which recognized the toxic exposure of so many of our veterans and established their eligibility for healthcare. Furthermore, we have introduced in this legislation a provision that brings the VA healthcare notifications into the 21st century, allowing the Secretary of the VA to notify our veterans of their disability determinations electronically, something that is long overdue and has been coordinated with and requested by the Secretary of the VA.

Let me say again that as a 20-year veteran myself, I support this legislation, and I want to get this healthcare to all those veterans who served and those who desperately need it.

Mrs. MILLER-MEEKS. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentlewoman from Iowa has 18 minutes remaining.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the benefits provided under this bill have little to no scientific basis. For example, in 2020, the National Academies reviewed 11 of the 24 burn pit-related conditions in the bill but could not establish a link between exposure to burn pits and those 11 conditions. The other 13 conditions were not reviewed, which further proves the point that more research is needed.

It is not fair to provide benefits to select veterans under this bill while tell-

ing other veterans to wait for the science. Instead, there needs to be a fair and consistent process to decide if there is enough evidence supporting the extension of benefits to a condition that may be linked to toxic exposure.

This bill sets a dangerous precedent that we cannot afford to maintain for the next group of toxic-exposure veterans wanting benefits with no scientific support. May I also add that veterans need not be in a battle for healthcare if we pass today the Health Care for Burn Pit Veterans Act, which has already passed in the Senate.

We have received zero assurance from the VA that the PACT Act can be implemented without disrupting services to veterans. I hear every day from veterans who cannot get care in a timely manner through the VA right now. The PACT Act would make millions more veterans eligible for care through the same system, much more than the Health Care for Burn Pit Veterans Act would, and of course that will have implications for access. Even VA's own providers have expressed concern about the impact an influx of new patients without accommodations and resources will have, clogging up an already overburdened system.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, may I inquire as to how much time I have remaining?

The SPEAKER pro tempore. The gentleman from California has 15½ minutes remaining.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. MRVAN), my good friend who serves as chair of the Subcommittee on Technology Modernization on the Veterans' Affairs Committee.

Mr. MRVAN. Mr. Speaker, I am proud to rise today in support of Honoring our PACT Act.

Respectfully, the impact of this piece of legislation will be veterans receive world-class healthcare.

As I meet with veterans and veteran groups from northwest Indiana, I continue to be grateful every day for the selfless service and sacrifice by our veterans and their families.

Just yesterday, less than 24 hours ago, a veteran representing the DAV, came to me who had two forms of cancer, who was advocating not only for himself but other veterans to make sure they received the care and the necessity of care that they deserve, as we have a responsibility to ensure that all veterans receive world-class healthcare when they return home from protecting our freedoms and defending our democracy.

I commend Chairman TAKANO for his consistent advocacy and leadership to bring this measure to the floor today.

I appreciate the announcement yesterday that the VA will process claims for toxic-exposed veterans with certain rare respiratory cancers. More must be done. I encourage all my colleagues to vote for the Honoring our PACT Act so

that a regular and transparent process is established to ensure that all issues facing toxic-exposed veterans are comprehensively addressed.

As I stated when I opened, the impact of this legislation is that veterans receive the world-class healthcare they deserve.

□ 1315

Mrs. MILLER-MEEKS. Mr. Speaker, I applaud the VA for initiating a review of these nine rare cancers to determine if they are linked to airborne hazard exposure while deployed. I am looking forward to hearing about the VHA's research, which supported the expansion of benefits to these Gulf war and post-9/11 veterans.

Likewise, I am interested in learning more about the number of veterans who would be impacted by this decision and the effect it will have on the VA.

However, these nine cancers are only a subset of the conditions included in Chairman TAKANO's bill. I believe more scientific research is needed to determine if additional disabilities are linked to airborne hazard exposure.

Both the majority and the minority want world-class healthcare for our veterans, and thus, it underscores our concern with this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. RUIZ), my good friend and neighbor in California, someone who has authored a great big section of this bill on our presumptives, a member of the House Veterans' Affairs Committee and an active member on the Disability Assistance and Memorial Affairs Subcommittee.

Mr. RUIZ. Mr. Speaker, as we stand here right now, our servicemembers have returned home from the battlefield only to become delayed casualties of war due to their battlefield exposure to toxic burn pits.

My constituents, Jennifer Kepner and Alejandro Camacho, both developed cancers from the burn pits' toxic smoke containing carcinogens they breathed day in and day out while serving our country. Jen Kepner died from pancreatic cancer, and Alejandro Camacho suffers from testicular cancer.

Let me repeat that. They got sick because they were exposed to burn pits' toxic smoke while doing their duty for our country.

To make matters worse, both Jennifer and Alejandro were turned down when applying for benefits because the VA said that there wasn't enough evidence to link their illness to their service.

To not give our veterans the proper care and benefits they earned and rightly deserve is a dereliction of our Nation's duty.

That is why I introduced the Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act.

It would create a presumption of service connection for 23 illnesses, including cancers related to service near burn pits, and it has been included in the Honoring our PACT Act.

My bill is the very soul of the Honoring our PACT Act. It would take the burden off of our veterans to prove that they are sick as a result of their service by presuming the reason they were diagnosed with this illness is because of their service near burn pits.

Now is the time to fix this, and anything short of including all 23 of these illnesses is not good enough. The Health Care for Burn Pit Veterans Act is not good enough. It will shortchange our veterans. It is like telling a pneumonia patient who needs antibiotics for the cure that, hey, listen, let's just give you Tylenol, call it a day, and we have taken care of the patient. That is medical negligence, and that is not what we are going to do to our veterans.

We cannot have another Agent Orange in our generation and "delay until dead" as our Vietnam veterans have said.

So I urge my colleagues to support passage of this lifesaving bipartisan bill. I urge them to stop the medical negligence and the dereliction of duty to come together as a country and do what is right because the science is there. It is not a secret. Carcinogens cause cancer. Burn pits' smoke have carcinogens. Our burn pits veterans are delayed casualties from cancers.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the veterans who are sick may not be able to get benefits immediately under this bill since they will be waiting for the VA to process their claims during a 1.5 million-claim backlog.

There is also no guarantee VA will get it right the first time. The VA does not have a great track record of accurately processing claims while working to address a massive backlog.

For example, during the Obama administration, VA took shortcuts to artificially reduce the backlog, such as the provisional denial program. We should be focused on getting veterans the care they need now to recover while continuing to work on the best path forward to other benefits.

Additionally, without a clear path forward in the Senate on the PACT Act, veterans will continue to wait while Congress works to get it right.

The revisions to the presumptive framework in Title 2 were unveiled less than 2 weeks ago. We have not had a chance to discuss these changes publicly with stakeholders and VA. As such, it is unclear if the changes made by the Rules Committee Print version would improve or hinder VA's efforts to establish a consistent scientific process for deciding when to extend benefits based on toxic exposure. And by doing so, as my colleague suggests, we may, in fact, not go down a pathway

determining why a veteran is ill and what other exposures may have caused their illness.

I believe more time is needed to refine the presumptive framework in this bill to ensure that veterans will receive a fair look at which conditions are linked to toxic exposure. We can pass the Health Care for Burn Pit Veterans Act now as the first step to get these veterans the healthcare that they need as we continue to develop a bipartisan, bicameral way forward on the presumptive framework.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. BISHOP), my very good friend who serves as a subcommittee chair on the Appropriations Committee and also a former member of the House Veterans' Affairs Committee.

Mr. BISHOP of Georgia. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, I rise to support the Honoring our PACT Act, which will ensure that veterans who have been exposed to toxic substances, materials, or environments during their military service, particularly toxic burn pits and Agent Orange, will receive the care and benefits they deserve.

Exposure to these toxins has led to devastating health conditions suffered by veterans, including neurological disorders, pulmonary diseases, rare forms of cancer, and many other conditions.

In the past, the government has been too slow to recognize the link between exposure to toxic substances and the medical problems that veterans have dealt with when they returned home.

As a result, veterans and their families have been denied benefits and much-needed disability compensation to deal with the health effects of these toxins.

The Honoring our PACT Act would correct these errors and renew our solemn commitment to our Nation's veterans.

I urge my colleagues to support the Honoring our PACT Act to ensure that our country fulfills Abraham Lincoln's promise to care for him and her who shall have borne the battle.

Mrs. MILLER-MEEKS. Mr. Speaker, the concerns the minority had with this bill were laid out during the markup of the PACT Act, as well as the roundtable last month. We did not see the revised text until it was published by the Rules Committee.

At the ranking member's direction, the minority staff were willing to work through these concerns with your staff line-by-line, but this was rebuffed.

The minority staff was also told that any proposed changes to the scope of the bill would not be accepted.

It is clear that the majority was not willing to address our concerns with this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentleman from Texas

(Mr. CASTRO), my good friend who serves on the Education and Labor Committee and is a member of the Permanent Select Committee on Intelligence and is a subcommittee chair on the Foreign Affairs Committee.

Mr. CASTRO of Texas. Mr. Speaker, I proudly represent what is known as "Military City U.S.A.," San Antonio, Texas, the home to hundreds, if not thousands, of veterans who, like others across the country, were exposed to open-air burn pits whose lives have been ruined, and for some, it has cost them their life.

We have to stand up for our veterans the way they stood up for our country when they were on Active Duty. Yet, what I keep hearing from Republicans is that there is not enough information. There is not enough money.

Mr. Speaker, how often do you hear people around here ask whether it is too expensive to buy a tank, whether it is too expensive to buy a jet or an aircraft carrier. Yet, when it comes to our men and women in uniform, who go risk their lives on behalf of our country and our allies, the question coming from Republicans is whether it is too expensive.

Why don't you just tell them that it is too goddamned expensive to save their lives? Why don't you tell them that they are not worth the money? Because what you are saying is that you want tax cuts for billionaires and cancer for veterans.

Mrs. MILLER-MEEKS. Mr. Speaker, the question from Republicans is why not pass a bill that has already passed the Senate that would give access to lifesaving healthcare to our veterans now?

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentlewoman from Connecticut (Mrs. HAYES), my very good friend who serves on the Education and Labor Committee with me and as is the subcommittee chair on the Agriculture Committee.

Mrs. HAYES. Mr. Speaker, today I rise to urge my colleagues to support the Honoring our PACT Act, which upholds the promise we made to servicemembers that we would care for them if they became sick or wounded while fighting to protect this country.

This legislation recognizes the full range of military toxic exposure that servicemembers have faced.

This monumental package also includes my bill, the Palomares Veterans Act, which would remove barriers to benefits and compensation for those veterans who responded to one of the largest nuclear disasters in history.

Over 55 years ago, a B-52 bomber collided with aircraft over the Spanish village of Palomares, causing radiation exposure to more than 1,600 U.S. airmen who had no protection when they responded to the crash.

Decades later, many of these airmen are suffering and dying from health conditions that likely came from ra-

dioactive material. But the VA still does not count Palomares as a radiation risk event or provide these veterans with benefits or disability.

My bill, the Honoring our PACT Act, would address this, ensuring these veterans get the healthcare and benefits they deserve and ensuring their surviving spouses and children are eligible for benefits.

The job of Congress is to appropriate funds, yet whenever we want to help people, my Republican colleagues say no. If we are not willing to support our veterans, what are we willing to support?

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, at this time I yield 2 minutes to the gentlewoman from Florida (Ms. LOIS FRANKEL), my good friend who is a valued member of the Veterans' Affairs Committee, serving on the Subcommittee on Health.

Ms. LOIS FRANKEL of Florida. Mr. Speaker, I thank the gentleman for yielding and for his leadership.

Mr. Speaker, I am blessed that my son, Ben, a Marine war veteran, returned safely from tours in Iraq and Afghanistan. Ben is now a small business owner, and he has even given me two beautiful grandsons. And listen, not every family is as lucky.

Our servicemen and -women put their lives on the line for our Nation, and yet for too long, countless veterans have unknowingly been exposed to environmental hazards and toxic waste, like burn pits, during their duty. And then they come back home with long-term health impacts like cancer, infertility, and breathing issues.

Mr. Speaker, they deserve better. We owe them better. And here is the thing: If we are willing to send our troops to war, we must also be willing to care for their health upon return, and this includes the 80,000 veterans in my home area of Palm Beach County.

It is time for Congress to honor this commitment and pass the Honoring our PACT Act to provide access to VA healthcare to millions of veterans exposed to toxic substances.

The best way to thank our veterans for their service is with action. I urge my colleagues to pass this important bill.

Mr. TAKANO. Mr. Speaker, I would like to inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentleman has 7½ minutes remaining.

Mrs. MILLER-MEEKS. Mr. Speaker, Republicans agree with Democrats about how important it is to help veterans suffering from toxic exposure. However, there is nothing bipartisan about how the majority has gone about this.

The majority has consistently refused to meaningfully communicate with us on this bill. We are seeing similar refusal to work together in good faith on other fronts, as well.

This is the third controversial veterans bill that has gone before the Rules Committee this year alone.

In 2017, when this committee had a Republican chairman, The New York Times called the Veterans' Affairs Committee "the most bipartisan in Congress." That is not the case in the House anymore, not since the Democrat majority took charge.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Ms. MENG), my very good friend who serves on the House Appropriations Committee.

□ 1330

Ms. MENG. Mr. Speaker, I rise today in favor of H.R. 3967, Honoring our PACT Act, authored by my friend and esteemed colleague, Chairman TAKANO.

This important bill includes the text of my bill, the Mark Takai Atomic Veterans Healthcare Parity Act, named after our dear, late friend and colleague, Representative Mark Takai.

H.R. 3967 would permit veterans who participated in the nuclear cleanup of Enewetak Atoll in the Western Pacific to be treated as radiation-exposed veterans and receive service-connected compensation benefits.

Current law only covers servicemembers who participated in active nuclear tests and not those who participated in the cleanup. With the passage of this bill, Congress will finally right this wrong.

Mr. Speaker, once again, I thank Chairman MARK TAKANO for his tremendous leadership on this legislation, and I urge my colleagues to vote for the passage of H.R. 3967.

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentleman from Guam (Mr. SAN NICOLAS), my good friend who serves on the Committee on Financial Services and the Committee on Natural Resources.

Mr. SAN NICOLAS. Mr. Speaker, imagine a system that frustrates you being weaponized in order to deny you the care that you are entitled to and that you should be entitled to in this country. That is what we do when we say that the inefficiencies of the VA system is reason for us not to pass this bill.

This bill is going to do so much good for veterans who deserve it, and it is going to do so much good for particular veterans who served in Guam and were exposed to Agent Orange. It is the only bill right now that is going to get that done.

Mr. Speaker, the late Lonnie Kilpatrick died from his exposure to Agent Orange. My bipartisan colleague, GUS BILIRAKIS, and I introduced a bill to address that exposure. This legislation that we are talking about today, the Honoring our PACT Act, will get that done.

Let's not weaponize the frustrations of the VA to prevent those kinds of solutions. Let's get this done for our veterans. It is about time.

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 2½ minutes to the gentleman from the State of California (Mr. RUIZ), my good friend and colleague, the author of the provisions on the 23 presumptions.

Mr. RUIZ. Mr. Speaker, I have been hearing these arguments or these pleas that our colleagues on the other side agree with the sentiment, that they agree that they want to take care of this. Well, those are just words. Whether they agree will be demonstrated by their votes. Those are actions.

I am hearing the same excuses that our Vietnam veterans heard when they were dying from Agent Orange and pleading for help, the excuse that the science is not there; we need more time; oh, it costs too much.

Well, listen here, the science is there. As a medical professional, I reviewed the science. The scientific studies were flawed. They did not ask the right questions. And there is enough evidence from other extrapolated data that shows that carcinogens can cause cancer, that heavy toxic metals in your lungs can cause pulmonary fibrosis. We have to make sure that if the burn pits are illegal in the United States, they should be illegal everywhere else because of this science.

Then we hear, "We need more time." Well, look, it has taken us years to get to this point. I want them to ask the widows of General Kepner and all the veterans, the thousands of widows and sons and daughters who lost their parents, if they need more time. To them, it is too late, and we need to act now.

Mr. Speaker, this is reminiscent of the notion that our Vietnam veterans say, that what they want to do is delay till dead. Delay, delay, delay until they are dead. We cannot allow that to happen.

Then the next is, "It costs too much." Well, that is a value statement. That is a value statement. To us, valuing the lives of our veterans and their family members is more important than giving billions of dollars to billionaires in a tax law that shortchanged the middle class. Their Health Care for Burn Pit Veterans Act will shortchange our veterans and their widows who need the care right now because they are dying from burn pits.

That is our value, and that is the value I am pleading to the folks on the other side to join us in, in a bipartisan way with unity to support our veterans.

Mr. Speaker, veterans are watching. They are listening. They care. Some are even listening to this with oxygen in nasal cannula taking their medications. Some could possibly be in their hospital bed taking chemotherapy. Some are in tears because a widow's and their father or mother's experiences are finally being recognized, and finally, we are able to do something. They are watching, and your sympathies will be reflected in your vote.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the blue water Navy and Agent Orange were different. In 2011, the Institute of Medicine concluded that, given the passage of time and lack of sampling data, there was not enough information to conclusively determine whether blue water Navy veterans were exposed to Agent Orange. However, we already knew what conditions were linked to Agent Orange.

On the other hand, VA already presumes that certain veterans were exposed to burn pits, but it is unclear what conditions are linked to that exposure. The use of burn pits was more recent, and much of the data needed to determine whether benefits are warranted for certain conditions is still available.

That is why I support and why I urge my colleagues to support H.R. 6659, which has already passed the Senate, which would advance research into health benefits for toxic exposures and get needed healthcare for those veterans now.

Mr. Speaker, I was pleased during last night's State of the Union that President Biden highlighted the need to address the needs of toxic-exposed veterans.

As I stated earlier in debate just yesterday, VA announced it is initiating the rulemaking process to extend benefits to certain Gulf war and post-9/11 veterans who developed nine respiratory cancers.

Clearly, Secretary McDonough has the authority to provide benefits for veterans on a presumptive basis. I applaud the Secretary for exercising his authority to provide toxic-exposed veterans with the earned benefits based on science, and I urge him to continue to do so.

We should pass the Health Care for Burn Pit Veterans Act now so we can send it straight to the President's desk immediately while we continue to work with our Senate colleagues and VA on the right solution for additional benefits. However, toxic-exposed veterans will not receive healthcare or benefits simply by virtue of passing the PACT Act in the House today.

Mr. Speaker, I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, to give the final words on the underlying bill, the PACT Act, on my mind is a constituent, a Vietnam veteran named Zack Earp, a distant relative of the great Wyatt Earp.

Zack sacrificed mightily on behalf of our country, and his body trembles today from Parkinsonism, one of the presumptives that got added during the blue water Navy debate. And I was happy to lead the final charge on getting the Blue Water Navy Vietnam Veterans Act across the finish line.

But do you know what? Passage of that bill and its signage into law fi-

nally brought justice to our Vietnam veterans who served on naval surface ships on the territorial waters of Vietnam. It was 40 years late, justice 40 years late.

Mr. Speaker, I vowed that this would not happen again. To pass half measures, one-tenth measures, or one-half of 1 percent measures, which is what the minority proposes to do today, as a substitute for a comprehensive bill is simply repeating the history of what we did to our Vietnam veterans. Burn pits are this generation of veterans' Agent Orange.

Mr. Speaker, I say to my friends that we cannot repeat that history. We owe our Vietnam veterans that implicit promise that we would not repeat the history that was done to them.

As for the cost, I hear the other side competing with the President. Let us send more billions of dollars to Ukraine. And I, myself, would support a robust response to Ukraine in terms of money, but where is that same sense of one-upmanship when it comes to taking care of the veterans here in America?

People are falling over each other in this Chamber to get more money to Ukraine. That is the right thing to do, but it is also the right thing to do to take care of our veterans and to finish the unfinished business.

Finally, the science, I am glad to see science is being taken so seriously by the minority after we have seen skepticism about vaccines, skepticism about climate change. Suddenly, we are looking for scientific absolutism about our veterans.

Mr. Speaker, I say to my friends, the science is there. Let's get this done. Let's pass the PACT Act today with a big bipartisan vote.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Each further amendment printed in part B of House Report 117-253 not earlier considered as part of amendments en bloc pursuant to section 3 of House Resolution 950, shall be considered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, may be withdrawn by the proponent at any time before the question is put thereon, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

It shall be in order at any time after debate for the chair of the Committee on Veterans' Affairs or his designee to offer amendments en bloc consisting of further amendments printed in part B of House Report 117-253, not earlier disposed of. Amendments en bloc shall be considered as read, shall be debatable

for 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Veterans' Affairs or their respective designees, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENTS EN BLOC OFFERED BY MR. TAKANO OF CALIFORNIA

Mr. TAKANO. Mr. Speaker, pursuant to section 3 of House Resolution 950, I rise to offer 23 amendments en bloc to H.R. 3967.

The SPEAKER pro tempore. The Clerk will designate the amendments en bloc.

Amendments en bloc consisting of amendment Nos. 1, 2, 3, 4, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 24, 25, 26, 27, and 28, printed in part B of House Report 117-253, offered by Mr. TAKANO of California:

AMENDMENT NO. 1 OFFERED BY MS. BUSH OF MISSOURI

Page 55, line 20, strike "age" and insert "race and ethnicity".

Page 55, after line 20, insert the following new paragraph (and redesignate the subsequent paragraphs accordingly):

(2) The age of the veteran.

AMENDMENT NO. 2 OFFERED BY MS. BUSH OF MISSOURI

Page 55, after line 6, insert the following new subsection (and redesignate the subsequent subsection accordingly):

(b) ELEMENTS.—The study under subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The race and ethnicity of the veteran.

(2) The age of the veteran.

(3) The period of service and length of service of the veteran in the Armed Forces.

(4) Any military occupational speciality of the veteran.

(5) The gender of the veteran.

(6) The disability status of the veteran.

AMENDMENT NO. 3 OFFERED BY MS. BUSH OF MISSOURI

Page 58, line 5, strike "located in the United States".

AMENDMENT NO. 4 OFFERED BY MS. BUSH OF MISSOURI

At the end of title V, add the following:

SEC. 507. STUDY ON HEALTH EFFECTS OF WASTE RELATED TO MANHATTAN PROJECT ON CERTAIN VETERANS.

(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study on the health trends of veterans who, while serving in the active military, naval, air, or space service—

(1) participated in activities relating to the Manhattan Project (including activities relating to covered waste) in connection with such service; or

(2) resided at or near, as determined by the Secretary, the locations described in subsection (b).

(b) COVERED LOCATIONS.—The locations described in this subsection are the following locations in the county of St. Louis, Missouri:

(1) Coldwater Creek.

(2) The St. Louis Airport Site.

(3) The West Lake Landfill.

(4) Any other location in the county of St. Louis, Missouri that is proximate to covered waste, as determined by the Secretary.

(c) ELEMENTS.—The study under subsection (a) shall assess, with respect to each veteran included in the study, the following:

(1) The age, gender, and race of the veteran.

(2) The period and location of exposure to covered waste.

(3) Any type of cancer, or other illness associated with toxic exposure, that the veteran has.

(4) A comparison of the overall health condition of the veteran, including any illness of the veteran identified pursuant to paragraph (3), with the overall health condition of past and present civilian populations residing at the same location of exposure.

(d) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the study under subsection (a).

(e) DEFINITIONS.—In this section:

(1) The term "covered waste" means any waste arising from activities carried out in connection with the Manhattan Project.

(2) The term "illness" has the meaning given that term in section 1171 of title 38, United States Code, as added by section 202.

(3) The term "toxic exposure" has the meaning given that term in section 101 of such title, as added by section 102(b).

AMENDMENT NO. 7 OFFERED BY MR. CARTWRIGHT OF PENNSYLVANIA

Page 61, after line 20, insert the following:

(c) VETERANS ORGANIZATIONS.—To the extent practicable, the Secretary shall share with national veterans service organizations and other veterans groups, including such organizations and groups that improve access by veterans to health care and benefits, the list of resources under subsection (a) and the outreach program under subsection (b).

AMENDMENT NO. 8 OFFERED BY MR. GIBBS OF OHIO

Page 15, line 2, insert "and Other Matters" after "Service".

Page 17, after line 6, insert the following new section:

SEC. 112. AUTHORIZATION PERIOD FOR EMERGENCY TREATMENT IN NON-DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITIES.

Section 1703(a)(3) of title 38, United States Code, is amended—

(1) by striking "A covered veteran" and inserting "(A) Except as provided by subparagraph (B), a covered veteran"; and

(2) by adding at the end the following new subparagraph:

"(B) In the case of an emergency which existed at the time of admission of a covered veteran to a health care provider, the Secretary shall deem the care or services received by the veteran during such admission to be authorized under subparagraph (A) if the covered veteran (or an individual acting on behalf of the covered veteran) makes an application for such authorization during the period following such admission that the Secretary determines appropriate for purposes of this paragraph, except such period may not be less than 96 hours."

AMENDMENT NO. 9 OFFERED BY MR. GOLDEN OF MAINE

Page 6, line 5, insert "(including mental health services and counseling)" after "hospital care".

Page 6, line 11, insert "(including mental health services and counseling)" after "hospital care".

Page 6, line 17, insert "(including mental health services and counseling)" after "hospital care".

Page 50, line 14, insert "(including mental health services and counseling)" after "hospital care".

AMENDMENT NO. 10 OFFERED BY MR. GOTTHEIMER OF NEW JERSEY

At the end of title V, insert the following:

SEC. 507. STUDY ON TOXIC EXPOSURE AND MENTAL HEALTH OUTCOMES.

(a) STUDY REQUIRED.—The Secretary of the Department of Veterans Affairs shall enter

into an agreement with the National Academies of Sciences, Engineering, and Medicine for the conduct of a study of veterans to assess possible relationships between toxic exposures experienced during service in the Armed Forces and mental health outcomes, including chronic multisymptom illness, traumatic brain injury, post-traumatic stress disorder, depression, psychosis, suicide attempts, and suicide deaths.

(b) ELEMENTS.—For each veteran included in the study under subsection (a), the following information shall be collected and assessed:

(1) Age.

(2) Gender.

(3) Race and ethnicity.

(4) Period and length of service in the Armed Forces.

(5) History of toxic exposure during service in the Armed Forces.

(6) Any diagnosis of chronic multisymptom illness.

(7) Any diagnosis of a mental health or cognitive disorder.

(8) Any history of suicide attempt or suicidality.

(9) If the veteran died by suicide.

(c) REPORT.—Not later than two years after the date after the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing the findings of the study conducted under subsection (a).

AMENDMENT NO. 11 OFFERED BY MR. GOTTHEIMER OF NEW JERSEY

Page 61, line 20, insert after the period the following: "Information distributed under the outreach program shall be treated as a fact sheet of the Department of Veterans Affairs for purposes of making the information available in multiple languages pursuant to section 2 of the Veterans and Family Information Act (Public Law 117-62; 38 U.S.C. 6303 note)."

AMENDMENT NO. 12 OFFERED BY MRS. HARTZLER OF MISSOURI

Add at the end of title VII the following new sections:

SEC. 7. NON-APPLICABILITY OF NON-DEPARTMENT OF VETERANS AFFAIRS COVENANTS NOT TO COMPETE TO APPOINTMENT OF VETERANS HEALTH ADMINISTRATION PERSONNEL.

(a) IN GENERAL.—Subchapter I of chapter 74 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 7414. Effect of non-Department covenants not to compete

"(a) NON-APPLICABILITY.—Except as provided in subsection (b), in the case of an individual who is an applicant for appointment to a position in the Veterans Health Administration described in section 7401 of this title, any covenant not to compete into which the individual has entered with a non-Department facility or party shall have no force or effect with respect to the appointment of the individual to such a position.

"(b) SERVICE OBLIGATION.—(1) Any individual who is appointed to such a position in the Veterans Health Administration shall, as a condition of such appointment, agree to provide clinical services at a Department medical facility for the duration of the period described in paragraph (2).

"(2) The period described in this paragraph is the period that begins on the date on which an individual is appointed to such a position and ends on the latter of the following dates:

"(A) The date that is one year after such date of appointment.

“(B) The date of the termination of any covenant not to compete entered into between the individual and a non-Department facility or party.

“(3) The Secretary may waive the requirement under paragraph (1) with respect to an individual at the discretion of the Secretary.

“(c) **TERMINATION OF DEPARTMENT EMPLOYMENT.**—In the case of an individual who is appointed to such a position in the Veterans Health Administration who has entered into a covenant not to compete that is rendered non-applicable pursuant to subsection (a), if the individual's employment at the Veterans Health Administration is terminated for any reason before the specified termination date of such covenant, subsection (a) shall not apply with respect to such covenant after the date of the termination of the individual's employment at the Veterans Health Administration.

“(d) **COVENANT NOT TO COMPETE.**—In this section, the term ‘covenant not to compete’ means an agreement—

“(1) between an employee and employer or a contractor and principal that restricts such employee or contractor from performing—

“(A) any work for another employer for a specified period of time;

“(B) any work in a specified geographical area; or

“(C) work for another employer performing work that is similar to the work such employee or contractor performed for the employer or principal, included as a party to the agreement; and

“(2) that is entered into after the date of enactment of this Act.”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of this chapter is amended by inserting after the item relating to section 7413 the following new item:

“7414. Effect of non-Department covenants not to compete.”.

SEC. 7. RECRUITMENT OF PHYSICIANS ON A CONTINGENT BASIS PRIOR TO COMPLETION OF TRAINING REQUIREMENTS.

Section 7402 of title 38, United States Code, is amended—

(1) in subsection (b)(1)—

(A) in the matter preceding subparagraph (A) by inserting “or to be offered an appointment to such position on a contingent basis under subsection (h)” after “position”; and

(B) by striking subparagraph (B) and inserting the following:

“(B)(i) have completed a residency leading to board eligibility in a specialty, satisfactory to the Secretary; or

“(ii) with respect to an offer for an appointment on a contingent basis under subsection (h), complete such a residency by not later than two years after the date of such offer; and”;

(2) by adding at the end the following new subsection:

“(h)(1) The Secretary may appoint an individual under subsection (b)(1) on a contingent basis in accordance with this subsection if the Secretary reasonably anticipated that the individual will have completed the requirements for appointment under such subsection (b)(1) by not later than two years after the date on which the individual is so appointed.

“(2) An individual who is appointed to a position on a contingent basis under paragraph (1) shall be appointed to such position on a permanent basis if, by not later than two years after the date of the contingent appointment, the individual completes all the requirements for appointment under subsection (b)(1).

“(3) An individual who is appointed on a contingent basis under paragraph (1) who fails to complete the requirements for ap-

pointment under subsection (b)(1) by not later than two years after the date on which the individual is so appointed may not be appointed to such position on a permanent basis.”.

AMENDMENT NO. 13 OFFERED BY MS. JACKSON
LEE OF TEXAS

Page 74, after line 19, insert the following new subsection:

(c) **REPORT ON NATIONAL GUARD USE OF ILLER.**—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall submit to the appropriate committees of Congress a report on the feasibility of modifying the Individual Longitudinal Exposure Record to ensure that a member of the National Guard who is deployed in the United States in connection with a natural disaster, without regard to duty status (including any duty under title 10 or title 32, United States Code, or State active duty), may record information regarding a suspected exposure by the member to toxic substances during such deployment.

AMENDMENT NO. 14 OFFERED BY MR. LEVIN OF
MICHIGAN

Page 19, line 11, insert “, including mental and physical health” after “individual”.

AMENDMENT NO. 15 OFFERED BY MR. LEVIN OF
CALIFORNIA

Add at the end of title VII the following new section:

SEC. 7. AUTHORITY FOR SECRETARY OF VETERANS AFFAIRS TO AWARD GRANTS TO STATES TO IMPROVE OUTREACH TO VETERANS.

(a) **IN GENERAL.**—Chapter 63 of title 38, United States Code, is amended—

(1) by redesignating sections 6307 and 6308 and sections 6308 and 6309, respectively; and

(2) by inserting after section 6306 the following new section 6307:

“§ 6307. Grants to States to improve outreach to veterans

“(a) **PURPOSE.**—It is the purpose of this section to provide for assistance by the Secretary to States to carry out programs that—

“(1) improve outreach and assistance to veterans and the spouses, children, and parents of veterans, to ensure that such individuals are fully informed about any veterans and veterans-related benefits and programs (including State veterans programs) for which they may be eligible; and

“(2) facilitate opportunities for such individuals to receive competent, qualified services in the preparation, presentation, and prosecution of veterans benefits claims.

“(b) **AUTHORITY.**—The Secretary may award grants to States—

“(1) to carry out, coordinate, improve, or otherwise enhance outreach activities;

“(2) to increase the number of county or tribal veterans service officers serving in the State by hiring new, additional such officers; or

“(3) to expand, carry out, coordinate, improve, or otherwise enhance existing programs, activities, and services of the State's existing organization that has been recognized by the Department of Veterans Affairs pursuant to section 5902, in the preparation, presentation, and prosecution of claims for veterans benefits through representatives who hold positions as county or Tribal veterans service officers.

“(c) **APPLICATION.**—(1) To be eligible for a grant under this section, a State shall submit to the Secretary an application therefor at such time, in such manner, and containing such information as the Secretary may require.

“(2) Each application submitted under paragraph (1) shall include the following:

“(A) A detailed plan for the use of the grant.

“(B) A description of the programs through which the State will meet the outcome measures developed by the Secretary under subsection (i).

“(C) A description of how the State will distribute grant amounts equitably among counties (or Tribal lands, as the case may be) with varying levels of urbanization.

“(D) A plan for how the grant will be used to meet the unique needs of American Indian or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities.

“(d) **DISTRIBUTION.**—The Secretary shall seek to ensure that grants awarded under this section are equitably distributed among States with varying levels of urbanization.

“(e) **PRIORITY.**—The Secretary shall prioritize awarding grants under this section that will serve the following areas:

“(1) Areas with a critical shortage of county or tribal veterans service officers.

“(2) Areas with high rates of—

“(A) suicide among veterans; or

“(B) referrals to the Veterans Crisis Line.

“(f) **USE OF COUNTY OR TRIBAL VETERANS SERVICE OFFICERS.**—A State that receives a grant under this section to carry out an activity described in subsection (b)(1) shall carry out the activity through—

“(1) a county or Tribal veterans service officer of the State; or

“(2) if the State does not have a county or tribal veterans service officer, or if the county or Tribal veterans service officers of the State cover only a portion of that State, an appropriate entity of a State, local, or Tribal government, or another publicly funded entity, as determined by the Secretary.

“(g) **REQUIRED ACTIVITIES.**—Any grant awarded under this section shall be used—

“(1) to expand existing programs, activities, and services;

“(2) to hire and maintain new, additional county or Tribal veterans service officers; or

“(3) for travel and transportation to facilitate carrying out paragraph (1) or (2).

“(h) **OTHER PERMISSIBLE ACTIVITIES.**—A grant under this section may be used to provide education and training, including on-the-job training, for State, county, local, and tribal government employees who provide (or when trained will provide) veterans outreach services in order for those employees to obtain and maintain accreditation in accordance with procedures approved by the Secretary.

“(i) **OUTCOME MEASURES.**—(1) The Secretary shall develop and provide to each State that receives a grant under this section written guidance on the following:

“(A) Outcome measures.

“(B) Policies of the Department.

“(2) In developing outcome measures under paragraph (1), the Secretary shall consider the following goals:

“(A) Increasing the use of veterans and veterans-related benefits, particularly among vulnerable populations.

“(B) Increasing the number of county and tribal veterans service officers recognized by the Secretary for the representation of veterans under chapter 59 of this title.

“(j) **TRACKING REQUIREMENTS.**—(1) With respect to each grant awarded under this section, the Secretary shall track the use of veterans benefits among the population served by the grant, including the average period of time between the date on which a veteran or other eligible claimant applies for such a benefit and the date on which the veteran or other eligible claimant receives the benefit, disaggregated by type of benefit.

“(2) Not less frequently than annually during the life of the grant program established under this section, the Secretary shall submit to Congress a report on—

“(A) the information tracked under paragraph (1);

“(B) how the grants awarded under this section serve the unique needs of American Indian or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities; and

“(C) other information provided by States pursuant to the grant reporting requirements.

“(k) PERFORMANCE REVIEW.—(1) The Secretary shall—

“(A) review the performance of each State that receives a grant under this section; and

“(B) make information regarding such performance publicly available.

“(l) REMEDIATION PLAN.—(1) In the case of a State that receives a grant under this section and does not meet the outcome measures developed by the Secretary under subsection (i), the Secretary shall require the State to submit a remediation plan under which the State shall describe how and when it plans to meet such outcome measures.

“(2) The Secretary may not award a subsequent grant under this section to a State described in paragraph (1) unless the Secretary approves the remediation plan submitted by the State.

“(m) MAXIMUM AMOUNT.—The amount of a grant awarded under this section may not exceed 10 percent of amounts made available for grants under this section for the fiscal year in which the grant is awarded.

“(n) SUPPLEMENT, NOT SUPPLANT.—Any grant awarded under this section shall be used to supplement and not supplant State and local funding that is otherwise available.

“(o) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary for each of fiscal years 2023 through 2027, \$50,000,000 to carry out this section.

“(p) DEFINITIONS.—In this section:

“(1) The term ‘county or tribal veterans service officer’ includes a local equivalent veterans service officer.

“(2) The term ‘State’ includes each Indian Tribe, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and any territory or possession of the United States.

“(3) The term ‘Veterans Crisis Line’ means the toll-free hotline for veterans established under section 1720F(h) of this title.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 63 of such title is amended by striking the items relating to sections 6307 and 6308 and inserting the following new items:

“6307. Grants to States to improve outreach to veterans.

“6308. Outreach for eligible dependents.

“6309. Biennial report to Congress.”

(c) AUTHORIZATION OF ADDITIONAL FULL-TIME EQUIVALENT EMPLOYEE.—During fiscal years 2023 through 2027, the Secretary of Veterans Affairs may hire an additional full-time equivalent employee in the Office of the General Counsel of the Department of Veterans Affairs, as compared to the number of full-time equivalent employees that would otherwise be authorized for such office, to carry out duties under the accreditation, discipline, and fees program.

AMENDMENT NO. 16 OFFERED BY MS. NEWMAN OF ILLINOIS

Add at the end of title VII the following new section:

SEC. 7. STUDY AND REPORT ON HERBICIDE AGENT EXPOSURE IN PANAMA CANAL ZONE.

(a) STUDY.—The Secretary of Defense shall conduct a study on the exposure of members of the Armed Forces to herbicide agents, including Agent Orange and Agent Purple, in the Panama Canal Zone during the period beginning on January 1, 1958, and ending on December 31, 1999.

(b) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under subsection (a).
AMENDMENT NO. 17 OFFERED BY MR. PAPPAS OF NEW HAMPSHIRE

Page 65, after line 22, insert the following:
SEC. 605. GUIDELINES FOR ACTIVE DUTY MILITARY ON POTENTIAL RISKS AND PREVENTION OF TOXIC EXPOSURES.

Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly coordinate and establish guidelines to be used during training of members of the Armed Forces serving on active duty to provide the members awareness of the potential risks of toxic exposures and ways to prevent being exposed during combat.

AMENDMENT NO. 18 OFFERED BY MS. PLASKETT OF VIRGIN ISLANDS

At the end of title V, add the following:

SEC. 506. STUDY ON VETERANS IN TERRITORIES OF THE UNITED STATES.

(a) GAO STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study on the state of access and barriers to benefits and services furnished under laws administered by the Secretary of Veterans Affairs to veterans in Territories of the United States, including deficits in the availability and accessibility of such benefits and services compared to veterans elsewhere in the United States.

(2) ELEMENTS.—The study under paragraph (1) shall include—

(A) the number of veterans in each Territory of the United States;

(B) the number of veterans in each Territory who are enrolled in the system of annual patient enrollment of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code;

(C) the number of veterans in each Territory who are eligible for services under section 1710 of such title but who are not enrolled as described in subparagraph (B);

(D) a detailed description of obstacles facing veterans in each Territory in accessing health care services, including those involving the availability of such services to veterans in the Territory in which the veterans reside, and the distance required of veterans to journey to receive services at a regional medical center of the Veterans Health Administration, a community-based outpatient clinic, or other full-service medical facility of the Department, or death center, respectively;

(E) a detailed description of obstacles facing veterans in each Territory in accessing readjustment counseling services, including those involving the availability of such services to veterans in the Territory in which the veterans reside, and the distance required of veterans to journey to receive services at a readjustment counseling services center of the Department;

(F) a detailed description of obstacles facing veterans in each Territory in accessing other veterans benefits, including those involving the availability of benefits and services to veterans in the Territory in which the veterans reside, and the distance required of the veterans to journey to the nearest office of the Veterans Benefits Administration;

(G) an analysis of the staffing and record-keeping levels and quality of the offices of the Department charged with serving veterans in the Territories, including the availability of the full- and part-time staff of each office to the veterans they are charged with serving, and the continuity of care provided by such staff to such veterans;

(H) an analysis of the availability of the Veterans Community Care Program estab-

lished under section 1703 of title 38, United States Code, to veterans in each Territory;

(I) an analysis of the economic and health consequences for veterans in each Territory resulting from obstacles to accessing adequate assistance and health care at facilities of the Department;

(J) an analysis of the access to assistance and health care provided to veterans in the aftermath of major disasters declared in each of the Territories since September 4, 2017; and

(K) recommendations for improving access of veterans in the Territories to benefits and services furnished by the Secretary, and reducing barriers and deficits in the availability and accessibility of such benefits and services compared to veterans elsewhere in the United States.

(b) REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a final report setting forth the results of the study conducted under subsection (a), including the recommendations developed under paragraph (2)(K) of such subsection.

(c) TERRITORY DEFINED.—In this section, the term “Territory” includes American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands.

AMENDMENT NO. 19 OFFERED BY MS. PORTER OF CALIFORNIA

Add at the end of title V the following new section:

SEC. 507. DEPARTMENT OF VETERANS AFFAIRS PUBLIC WEBSITE FOR TOXIC EXPOSURE RESEARCH.

(a) WEBSITE.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish, and maintain thereafter, a publicly accessible internet website of the Department of Veterans Affairs that serves as a clearinghouse for the publication of all toxic exposure research carried out or funded by the executive branch of the Federal Government.

(b) RELATION TO WAR RELATED ILLNESS AND INJURY STUDY CENTER.—The website developed and maintained under subsection (a) shall be housed under the website of the War Related Illness and Injury Study Center of the Department of Veterans Affairs, or successor center.

(c) COORDINATION.—In carrying out subsection (a), the Secretary shall coordinate with—

(1) the heads of each Federal department or agency carrying out or funding toxic exposure research;

(2) the War Related Illness and Injury Study Center of the Department of Veterans Affairs, or successor center; and

(3) any working group of the Department of Veterans Affairs or other similar entity responsible for coordinating toxic exposure research.

(d) DEFINITIONS.—In this section:

(1) The term “toxic exposure” has the meaning given that term in section 101 of title 38, United States Code, as added by section 102(b).

(2) The term “toxic exposure research” means research on the health consequences of toxic exposures experienced during service in the Armed Forces.

AMENDMENT NO. 21 OFFERED BY MR. RUIZ OF CALIFORNIA

At the end of title VII, insert the following:

SEC. 707. BUDGET INFORMATION FOR ALTERNATIVES TO BURN PITS.

The Secretary of Defense shall include in the budget submission of the President under section 1105(a) of title 31, United States Code, for each of fiscal years 2023 through

2027, a dedicated budget line item for incinerators and waste-to-energy waste disposal alternatives to burn pits.

AMENDMENT NO. 24 OFFERED BY MS. SCANLON
OF PENNSYLVANIA

Add at the end of title VII the following new section:

SEC. 7. AUTHORIZATION OF APPROPRIATIONS FOR EXPANSION OF CLAIMS AUTOMATION.

There is authorized to be appropriated to the Secretary of Veterans Affairs \$150,000,000 for fiscal year 2023 to continue the modernization and expansion of capabilities and capacity of the Veterans Benefits Management System of the Department of Veterans Affairs to support expected increased claims processing for newly eligible veterans pursuant to this Act and the amendments made by this Act.

AMENDMENT NO. 25 OFFERED BY MS. SLOTKIN OF MICHIGAN

Strike section 501 and insert the following:

SEC. 501. INTERAGENCY WORKING GROUP ON TOXIC EXPOSURE RESEARCH.

(a) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 7330D. Interagency working group on toxic exposure research

“(a) ESTABLISHMENT.—(1) The Secretary shall establish the Toxic Exposure Research Working Group (in this section referred to as the ‘Working Group’).

“(2) The Working Group shall consist of employees, selected by the Secretary, of the following:

- “(A) The Department.
- “(B) The Department of Defense.
- “(C) The Department of Health and Human Services.
- “(D) The Environmental Protection Agency.

“(E) Other Federal entities involved in research activities regarding the health consequences of toxic exposures experienced during active military, naval, air, or space service.

“(b) FUNCTIONS.—The Working Group shall perform the following functions:

“(1) Identify collaborative research activities and resources available among entities represented by members of the Working Group to conduct such collaborative research activities.

“(2) Develop a 5-year strategic plan for Federal entities represented in the Working Group to carry out collaborative research activities.

“(c) REPORTING.—The Secretary shall submit, to the Committees on Veterans’ Affairs of the Senate and House of Representatives, the following:

“(1) Not later than one year after the date of the enactment of the Act, a report on the establishment of the Working Group under subsection (a).

“(2) Not later than two years after the date of enactment of the Act, a report containing the collaborative research activities identified, and the Strategic Plan developed, by the Working Group, under subsection (b).

“(3) Annually during the 5-year period covered by the strategic plan under subsection (b), a progress reports on implementation of the Strategic Plan under subsection (b).

“(d) TERMINATION.—The Working Group shall terminate after submitting the final report under subsection (c).

“(e) DEFINITIONS.—For purposes of this section—

“(1) The term ‘Act’ means the Honoring our Promise to Address Comprehensive Toxics Act of 2021.

“(2) The term ‘collaborative research activity’ means a research activity—

“(A) conducted by an entity represented by a member of the Working Group;

“(B) funded by the Federal Government; and

“(C) regarding the health consequences of toxic exposures experienced during active military, naval, air, or space service.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such subchapter is amended by inserting after the item relating to section 7330C the following new item:

“7330D. Interagency working group on toxic exposure research.”.

(c) IMPLEMENTATION.—The Secretary of Veterans Affairs shall establish the Working Group under section 7330D of such title, as added by subsection (a), not later than one year after the date of the enactment of this Act

AMENDMENT NO. 26 OFFERED BY MS.
SPANBERGER OF VIRGINIA

Add at the end of title V the following new section:

SEC. 5. BIENNIAL REPORT ON HEALTH EFFECTS OF JET FUELS USED BY ARMED FORCES.

Not later than one year after the date of the enactment of this Act, and biennially thereafter during the subsequent eight-year period, the Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate, and make publicly available, a report that includes—

(1) a discussion of the effect of various different types of jet fuels used by the Armed Forces on the health of individuals by length of exposure;

(2) an identification of the immediate symptoms of jet fuel exposure that may indicate future health risks;

(3) a chronology of health safeguards implemented by the Armed Forces intended to reduce the exposure of members of the Armed Forces to jet fuel; and

(4) an identification of any areas relating to jet fuel exposure about which new research needs to be conducted.

AMENDMENT NO. 27 OFFERED BY MRS. TORRES
OF CALIFORNIA

Page 61, after line 15, insert the following:

“(3) LANGUAGES.—The Secretary shall publish the list under paragraph (1) in languages including the following:

“(A) English.

“(B) Spanish.

“(C) Chinese.

“(D) The seven other most commonly spoken languages in the United States.”.

AMENDMENT NO. 28 OFFERED BY MRS. TORRES
OF CALIFORNIA

Page 55, line 14, strike “veterans to” and insert “veterans, to”.

Page 55, line 16, strike “veterans.” and insert “veterans, and on available early detection diagnostics, to determine the feasibility and advisability of including such diagnostics as part of the health care furnished to veterans by the Secretary.”.

The SPEAKER pro tempore. Pursuant to House Resolution 950, the gentleman from California (Mr. TAKANO) and the gentlewoman from Iowa (Mrs. MILLER-MEEKS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. TAKANO. Mr. Speaker, I urge my colleagues to support this bipartisan en bloc of amendments, and I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the en bloc package. Many of these amendments strengthen the underlying bill. However, I wish we could have more time in committee to fully examine the impact these amendments would have on this legislation.

While I will not oppose the en bloc package, some of the included amendments are well outside the Committee on Veterans’ Affairs’ jurisdiction or may require additional work, and I must highlight these concerns.

Three of the amendments clearly impact the operations of the Department of Defense and are well outside the Department of Veterans Affairs’ expertise or mission.

Representative BUSH’s amendment No. 3 would necessitate that the VA review known cases of toxic exposure on military installations both in the United States and abroad. Bush amendment No. 4 requires a study of health outcomes related to waste from the Manhattan Project.

If anyone is going to conduct such reviews, it should be the Department of Defense, not the Department of Veterans Affairs. VA’s time and resources need to be focused on meeting the needs of veterans, not on investigating activities on military bases or as part of military programs.

Yet another amendment, Representative PAPPAS’ amendment No. 17, would require VA to conduct a study outside of VA’s expertise and purview.

□ 1345

This amendment would require Virginia to coordinate with the Department of Defense to provide training to Active Duty servicemembers on toxic exposure. It is inappropriate for the VA to be involved in training Active Duty servicemembers, that is entirely the DOD’s purview.

Finally, Representative SCANLON’s amendment 24 would authorize an additional \$150 million in discretionary funding for VA’s Veterans Benefits Management System, ahead of an expected drastic increase in disability claims should the Honoring our PACT Act be enacted. I agree with the intent. We need to make additional investments in benefits IT, but this is not the right way to do it.

According to the CBO, the bill already includes funding for IT improvements. We have no plan from the VA about how various systems should be modernized and how much it will ultimately cost. The worst thing we could do is throw money at individual systems with no coordination.

Moreover, this amendment improperly earmarks \$150 million for VBMS, which is a dysfunctional and flawed system. VBMS has cost over \$1 billion and has been struggling since its inception 10 years ago. I am not comfortable with spending another \$150 million on it unless the VA gives us a plan explaining how it can be modernized.

Moving forward, we need to work on allocating funding where it can have

the most impact. Again, I support the intent and look forward to ensuring that any IT funding supports veterans in the manner intended.

As I stated earlier, while I do have concerns about these four amendments, I will support the en bloc package and urge my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, at this time I yield 2 minutes to the gentlewoman from Missouri (Ms. BUSH), my good friend who serves on the Judiciary Committee and the House Oversight and Reform Committee.

Ms. BUSH. Mr. Speaker, I thank Mr. TAKANO for his leadership on this historic legislation.

Mr. Speaker, St. Louis and I rise today in support of H.R. 3967, the Honoring our PACT Act, to expand healthcare, research, and resources for our veterans who are far too often exposed to toxic substances, both around the world and at home in St. Louis. This means so much to me as a nurse, I see it all the time.

I am proud to put forward four critical amendments to this legislation to help expand racial equity and study the military's environmental impact through rigorous Department of Veterans Affairs initiatives. My first two amendments ensure that VA research studies include a broader array of demographic information, including race, ethnicity, and disability status in gathering information on the impacts of toxic exposure.

Our third vital amendment ensures the VA will extend reviews of known cases of toxic exposure to military sites abroad. The Department of Defense needs to provide concrete data about the waste and pollution we are leaving in the nearly 750 military bases in over 80 countries around the world.

Finally, our last amendment adds a new study to this bill to measure the harmful health consequences of Manhattan Project waste on our veterans and their families in St. Louis.

If you are from North St. Louis there is a good chance that at some point in your life you have been exposed to toxic military waste like I have. From West Lake Landfill to Coldwater Creek, toxic military nuclear waste has been dumped in our communities, leading to rare cancers and birth defects.

Our veterans worked with this waste and are still living with it. The study is just one step we are taking to care for their health and safety. I look forward to voting in support of the Honoring our PACT Act and advancing these critical amendments that will help us to save lives.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. GIBBS).

Mr. GIBBS. Mr. Speaker, I rise today in support of amendment No. 8 in the en bloc. This amendment helps veterans and their families navigate a bureaucratic maze at VA. It is very frustrating a lot of times when they re-

ceive medical treatment at a non-VA facility.

When a veteran is admitted to a hospital or emergency department they currently only have 3 days to notify the VA. If they fail to notify the VA in that 3-day window, any claim associated with that visit will be automatically denied.

There are circumstances when getting immediate medical care outside of the VA system is the veteran's only option, especially during a medical emergency. They and their family should not have to worry about paperwork and the bureaucracy if the veteran is facing a life-threatening condition or is unable to make his or her own healthcare decisions.

My amendment simply just lengthens that window and adds another day onto that window to report the claim. When you think about this, if you are going in on an emergency basis and after you get stabilized—it might take a couple days in the hospital to get stabilized—that extra day doesn't seem like much, but it is really important because they get stabilized and they get time to sort through where they are at. That is so important. We have helped hundreds and maybe thousands of veterans back in Ohio, and this comes up all the time, and they have to fight to get their claim.

Mr. Speaker, I think it is really important, just a little bit of extra time. It is a no-brainer issue. I appreciate the chair putting it in the en bloc because it is really important because veterans, especially when they are in a non-veteran facility and have emergency care, they shouldn't have to worry about that deadline, and it just gives them a little extra time.

Mr. Speaker, I support amendment No. 8.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentlewoman from Virginia (Ms. SPANBERGER), my good friend who serves as a subcommittee chair on the Agriculture Committee and as a member of the Foreign Affairs Committee.

Ms. SPANBERGER. Mr. Speaker, my commitment to supporting veterans suffering from toxic exposures has been ironclad since I first met the late Michael Lecik, a father, a husband, a firefighter, and a veteran who died of cancer related to his exposures.

It continued when I met Gillie Jenkins, an atomic war veteran from Chesterfield, Virginia, who in his 90s is still fighting for the recognition of his brothers in arms and the sacrifices that they made.

Today, when I rise in support of my amendment to H.R. 3967, I am doing so inspired by William G. Collins, a veteran from Louisa County, Virginia. My amendment would require the VA to investigate the long-term health impacts of jet fuel exposures on our country's servicemembers.

Mr. Collins, a veteran from Louisa County, Virginia, is living with Parkinson's. As a former Air Force crew

fire chief, his years of constant exposure to jet fuel put him at risk, but now the VA does not recognize Mr. Collins' condition as having a service connection. Mr. Collins served honorably, and he should know that his country has his back.

Mr. Speaker, this amendment would bring us one step closer to ensure that veterans like William have the healthcare benefits they deserve and the acknowledgment of their sacrifice.

Mr. Collins says, "This disease has impacted my health, my economic security, and potentially my wife and I's dream of spending our last years on our beloved farm where we raised our family."

Mr. Speaker, today I urge my colleagues to support this long overdue amendment as we support all of our Nation's veterans.

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. CARTWRIGHT), the distinguished subcommittee chair of the Appropriations Committee.

Mr. CARTWRIGHT. Mr. Speaker, here is the deal. When we send our servicemembers into harm's way the deal is that we are going to take care of them when they get back home. It is more than a deal; it is a pact. It is something sacred. But for far too long Congress and the Department of Veterans Affairs have been slow in acting on that pact citing the high cost or the lack of science. The result is a disability claims benefit process that is cumbersome and places the burden on the veteran himself or herself to prove toxic exposure.

Mr. Speaker, I rise in support of my amendment which streamlines this process. It helps ease the burden of the disability benefit claims process on servicemembers and their families by, number one, requiring the Secretary of the VA to share a list of resources for toxic-exposed veterans, caregivers of toxic-exposed veterans, and survivors of toxic-exposed vets, national veterans service organizations, and other veterans' groups.

Number two, it requires the VA Secretary to share an outreach program with those VSOS. I believe we have to take every step possible to ensure that we offer the best care to those who have served our Nation. My amendment is a step forward in reaching the goal that servicemembers and their families should be made aware of every resource, and that includes the resources included in the Honoring our PACT Act.

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I have no further speakers and I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all my colleagues to join me in supporting these 23 amendments en bloc, and I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 950, the previous question is ordered on the amendments en bloc offered by the gentleman from California (Mr. TAKANO).

The question is on the amendments en bloc.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BIGGS. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

AMENDMENT NO. 5 OFFERED BY MRS. MILLER-MEEKS.

The SPEAKER pro tempore. It is now in order to consider amendment No. 5 printed in part B of House Report 117-253.

Mrs. MILLER-MEEKS. Mr. Speaker, I rise as the designee of the gentleman from Illinois, and I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike page 1, line 1, and all that follows through page 80, line 7, and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Health Care for Burn Pit Veterans Act”.

SEC. 2. EXPANSION OF ELIGIBILITY FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS FOR CERTAIN VETERANS EXPOSED TO TOXIC SUBSTANCES.

(a) IN GENERAL.—Section 1710(e)(3) of title 38, United States Code, is amended—

(1) in subparagraph (A)—

(A) by striking “January 27, 2003” and inserting “September 11, 2001”; and

(B) by striking “five-year period” and inserting “ten-year period”;

(2) by amending subparagraph (B) to read as follows:

“(B) With respect to a veteran described in paragraph (1)(D) who was discharged or released from the active military, naval, air, or space service after September 11, 2001, and before October 1, 2013, but did not enroll to receive such hospital care, medical services, or nursing home care under such paragraph pursuant to subparagraph (A) before October 1, 2022, the one-year period beginning on October 1, 2022.”; and

(3) by striking subparagraph (C).

(b) CLARIFICATION OF COVERAGE.—Section 1710(e)(1)(D) of such title is amended by inserting after “Persian Gulf War” the following: “(including any veteran who, in connection with service during such period, received the Armed Forces Expeditionary Medal, Service Specific Expeditionary Medal, Combat Era Specific Expeditionary Medal, Campaign Specific Medal, or any other combat theater award established by a Federal statute or an Executive Order)”.

(c) REPORT.—Not later than October 1, 2024, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs of the House of Representatives and the Senate a report on—

(1) the number of veterans who enrolled in the system of annual patient enrollment of the Department of Veterans Affairs estab-

lished and operated under section 1705(a) of title 38, United States Code, to receive care pursuant to eligibility under subparagraph (B) of section 1710(e)(3) of such title, as amended by subsection (a)(2); and

(2) of the veterans described in paragraph (1), the number of such veterans who reported a health concern related to exposure to a toxic substance or radiation.

(d) OUTREACH PLAN.—Not later than December 1, 2022, the Secretary shall submit to the Committees on Veterans Affairs of the House of Representatives and the Senate a plan to conduct outreach to veterans described in subparagraph (B) of section 1710(e)(3) of title 38, United States Code, as amended by subsection (a)(2), to notify such veterans of their eligibility for hospital care, medical services, or nursing home care under such subparagraph.

(e) EFFECTIVE DATE.—This section and the amendments made by this section shall take effect on October 1, 2022.

SEC. 3. INCORPORATION OF TOXIC EXPOSURE SCREENING FOR VETERANS.

(a) IN GENERAL.—Beginning not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall incorporate a screening to help determine potential exposures to toxic substances during active military, naval, air, or space service as part of a health care screening furnished by the Secretary to veterans enrolled in the system of annual patient enrollment of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code, to improve understanding by the Department of exposures of veterans to toxic substances while serving in the Armed Forces.

(b) TIMING.—The Secretary shall ensure that a veteran described in subsection (a) completes the screening required under such subsection not less frequently than once every five years.

(c) DETERMINATION OF QUESTIONS.—

(1) IN GENERAL.—The questions included in the screening required under subsection (a) shall be determined by the Secretary with input from medical professionals.

(2) SPECIFIC QUESTIONS.—At a minimum, the screening required under subsection (a) shall, with respect to a veteran, include—

(A) a question about the potential exposure of the veteran to an open burn pit; and

(B) a question regarding exposures that are commonly associated with service in the Armed Forces.

(3) OPEN BURN PIT DEFINED.—In this subsection, the term “open burn pit” means an area of land that—

(A) is designated by the Secretary of Defense to be used for disposing solid waste by burning in the outdoor air; and

(B) does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.

(d) PRINT MATERIAL.—In developing the screening established under subsection (a), the Secretary shall ensure that print materials complementary to such screening that outline related resources for veterans are available at each medical center of the Department to veterans who may not have access to the internet.

(e) SCREENING UPDATES.—The Secretary shall consider updates to the content of the screening required under subsection (a) not less frequently than biennially to ensure the screening contains the most current information.

(f) ACTIVE MILITARY, NAVAL, AIR, OR SPACE SERVICE DEFINED.—In this section, the term “active military, naval, air, or space service” has the meaning given that term in section 101(24) of title 38, United States Code.

SEC. 4. TRAINING FOR PERSONNEL OF THE DEPARTMENT OF VETERANS AFFAIRS WITH RESPECT TO VETERANS EXPOSED TO TOXIC SUBSTANCES.

(a) HEALTH CARE PERSONNEL.—The Secretary of Veterans Affairs shall provide to health care personnel of the Department of Veterans Affairs education and training to identify, treat, and assess the impact on veterans of illnesses related to exposure to toxic substances and inform such personnel of how to ask for additional information from veterans regarding different exposures.

(b) BENEFITS PERSONNEL.—

(1) IN GENERAL.—The Secretary shall incorporate a training program for processors of claims under the laws administered by the Secretary who review claims for disability benefits relating to service-connected disabilities based on exposure to toxic substances.

(2) ANNUAL TRAINING.—Training provided to processors under paragraph (1) shall be provided not less frequently than annually.

SEC. 5. ANALYSIS AND REPORT ON TREATMENT OF VETERANS FOR MEDICAL CONDITIONS RELATED TO TOXIC EXPOSURE.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall analyze, on a continuous basis, all clinical data that—

(1) is obtained by the Department of Veterans Affairs in connection with hospital care, medical services, and nursing home care furnished under section 1710(a)(2)(F) of title 38, United States Code; and

(2) is likely to be scientifically useful in determining the association, if any, between the medical condition of a veteran and the exposure of the veteran to a toxic substance.

(b) ANNUAL REPORT.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary shall submit to the Committees on Veterans Affairs of the House of Representatives and the Senate a report containing—

(1) the aggregate data compiled under subsection (a);

(2) an analysis of such data;

(3) a description of the types and incidences of medical conditions identified by the Department under such subsection;

(4) the explanation of the Secretary for the incidence of such medical conditions and other explanations for the incidence of such conditions as the Secretary considers reasonable; and

(5) the views of the Secretary on the scientific validity of drawing conclusions from the incidence of such medical conditions, as evidenced by the data compiled under subsection (a), regarding any association between such conditions and exposure to a toxic substance.

SEC. 6. ANALYSIS RELATING TO MORTALITY OF VETERANS WHO SERVED IN SOUTH-WEST ASIA.

(a) ANALYSIS.—

(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in coordination with the Secretary of Defense, shall conduct an updated analysis of total and respiratory disease mortality in covered veterans.

(2) ELEMENTS.—The analysis required by paragraph (1) shall include, to the extent practicable, the following with respect to each covered veteran:

(A) Metrics of airborne exposures.

(B) The location and timing of deployments of the veteran.

(C) The military occupational specialty of the veteran.

(D) The Armed Force in which the veteran served.

(E) Pre-existing health status of the veteran, including with respect to asthma.

(F) Relevant personal information of the veteran, including cigarette and e-cigarette smoking history, diet, sex, gender, age, race, and ethnicity.

(b) COVERED VETERAN DEFINED.—In this section, the term “covered veteran” means any veteran who—

(1) on or after August 2, 1990, served on active duty in—

- (A) Bahrain;
- (B) Iraq;
- (C) Kuwait;
- (D) Oman;
- (E) Qatar;
- (F) Saudi Arabia;
- (G) Somalia; or
- (H) the United Arab Emirates; or

(2) on or after September 11, 2001, served on active duty in—

- (A) Afghanistan;
- (B) Djibouti;
- (C) Egypt;
- (D) Jordan;
- (E) Lebanon;
- (F) Syria; or
- (G) Yemen.

SEC. 7. STUDY ON HEALTH TRENDS OF POST 9/11 VETERANS.

The Secretary of Veterans Affairs shall conduct an epidemiological study on the health trends of veterans who served in the Armed Forces after September 11, 2001.

SEC. 8. STUDY ON CANCER RATES AMONG VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the incidence of cancer in veterans to determine trends in the rates of the incidence of cancer in veterans.

(b) ELEMENTS.—The study required by subsection (a) shall assess, with respect to each veteran included in the study, the following:

- (1) The age of the veteran.
- (2) The period of service and length of service of the veteran in the Armed Forces.
- (3) The military occupational specialty or specialties of the veteran.
- (4) The gender of the veteran.
- (5) The type or types of cancer that the veteran has.

SEC. 9. PUBLICATION OF LIST OF RESOURCES OF DEPARTMENT OF VETERANS AFFAIRS FOR VETERANS EXPOSED TO TOXIC SUBSTANCES AND OUTREACH PROGRAM FOR SUCH VETERANS AND CAREGIVERS AND SURVIVORS OF SUCH VETERANS.

(a) PUBLICATION OF LIST OF RESOURCES.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall publish a list of resources of the Department of Veterans Affairs for—

- (A) veterans who were exposed to toxic substances;
- (B) families and caregivers of such veterans; and
- (C) survivors of such veterans who are receiving death benefits under the laws administered by the Secretary.

(2) UPDATE.—The Secretary shall periodically update the list published under paragraph (1).

(b) OUTREACH.—The Secretary shall develop, with input from the community, an informative outreach program for veterans on illnesses that may be related to exposure to toxic substances, including outreach with respect to benefits and support programs.

SEC. 10. REPORT ON INDIVIDUAL LONGITUDINAL EXPOSURE RECORD.

(a) IN GENERAL.—Not later than one year after the date on which the Individual Longitudinal Exposure Record achieves full operational capability, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees a report on the data

quality of the Individual Longitudinal Exposure Record and the usefulness of the Individual Longitudinal Exposure Record in supporting veterans in receiving health care and benefits from the Department of Veterans Affairs.

(b) ELEMENTS.—The report required by subsection (a) shall include the following:

(1) An identification of exposures to toxic substances that may not be fully captured by the current systems for environmental and occupational health monitoring and recommendations for how to improve those systems.

(2) An analysis of the quality of the location data in determining exposures of veterans to toxic substances and recommendations for how to improve the quality of that location data.

(3) Recommendations on how to improve the usefulness of the Individual Longitudinal Exposure Record.

(c) DEFINITIONS.—In this section:

(1) The term “appropriate congressional committees” means—

(A) the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives; and

(B) the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate.

(2) The term “Individual Longitudinal Exposure Record” includes any pilot program or other program used by the Department of Veterans Affairs or the Department of Defense to track how members of the Armed Forces or veterans have been exposed to various occupational or environmental hazards.

The SPEAKER pro tempore. Pursuant to House Resolution 950, the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Iowa.

Mrs. MILLER-MEEKS. Mr. Speaker, I rise today to discuss Ranking Member BOST’s amendment to replace the Honoring our PACT Act with the Health Care for Burn Pit Veterans Act.

The Health Care for Burn Pit Veterans Act is a bipartisan legislation that has already passed in the Senate. It would expand healthcare for toxic-exposed veterans by extending VA’s enhanced combat eligibility period from 5 to 10 years. That would give post-9/11 combat veterans a decade after leaving the military to enroll in VA care without having a service-connected disability rating or a low income.

Those who have been out of the military for more than a decade would be able to enroll during a 1-year open enrollment period. The bill would also improve training for VA staff on how to recognize and treat toxic exposure; research on the impact of toxic exposure; and outreach about the resources available to veterans regarding toxic exposure. CBO has estimated that the bill would cost \$1 billion in discretionary funding over 10 years.

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This is in stark contrast to the over \$300 billion discretionary and mandatory costs of the PACT Act.

The Healthcare for Burn Pit Veterans Act would not expand compensation benefits for toxic-exposed veterans.

I appreciate the importance of benefits. That is why Ranking Member BOST and I remain committed to working across the aisle and Capitol to improve benefits for toxic-exposed veterans.

The framework that the PACT Act establishes to do that, however, is unworkable, and I am afraid the PACT Act will stall without a clear path forward in the Senate.

I don’t want to let the perfect be the enemy of the good on an issue as important as this one. I also don’t want to let this Congress go by without helping veterans who are sick and dying from toxic exposure. As a veteran and as a doctor who has cared for sick and dying patients, that would be an unacceptable outcome for me.

Passage of the Healthcare for Burn Pit Veterans Act is a critical first step in saving the lives of veterans suffering from toxic exposure. The House should not let another day go by without sending it to the President. The stakes are too high.

Behind me is a picture of Lauren Price. She passed away from conditions she and her husband Jim believe were related to toxic exposure. Ranking Member BOST invited Jim to testify last year about Lauren’s legacy. During his testimony, Jim stressed the need to provide veterans like her with VA healthcare. As he said, benefits don’t mean much if a veteran isn’t alive to get them because they didn’t get the healthcare they need and earned.

Jim’s message is an important one. Some veterans cannot afford to keep waiting for Congress to agree on a comprehensive way forward. That would be a monumental task, and we have not even started it yet. That is why the House must pass the Healthcare for Burn Pit Veterans Act today. I hope we will.

Mr. Speaker, I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I rise in opposition to the amendment.

The SPEAKER pro tempore (Mr. JOHNSON of Georgia). The gentleman from California is recognized for 5 minutes.

Mr. TAKANO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong opposition to Ranking Member BOST’s substitute offered in his absence by Representative MILLER-MEEKS.

I want to be clear about what this substitute is and what it is not. The ranking member has offered this amendment as the solution to addressing toxic exposure. But it is not that. The substitute amendment is the exact text of a Senator TESTER bill which is meant to be the first part of a three-part effort in the Senate.

What Senator TESTER has proposed, is doing in three phases what we have done in the PACT Act together. Yet my colleague from Illinois and my colleague from Iowa have taken the work of the Senate without intending to do

any more. This is it. They are representing this as the complete solution which amounts to really a bait and switch.

This substitute amendment would strike the entire PACT Act and replace it with an expansion of existing healthcare eligibility for combat veterans from 5 to 10 years. The Congressional Budget Office estimates that this provision will impact roughly 16,000 veterans over the next 10 years. This is laudable, but let's talk about the math.

Over the past 20 years, 3.5 million servicemembers deployed to areas where they may have been exposed to toxic substances. So the ranking member's amendment would leave behind over 3.4 million veterans.

This is not even a half measure, this substitute, this replacement, that they offer. It is not even one-tenth. It is one-half of 1 percent, a one-half of 1 percent solution compared to the comprehensive bill that we need.

The policy of this amendment is something we agree on. We should enhance eligibility for combat veterans which is why we included the language in the bill before you today, Mr. Speaker. However, it only covers less than half a percentage point of the number of veterans who would be covered under PACT.

My colleague is asserting that less than one-half of a percentage point is enough to be done and then walk away?

The math does not add up, and veterans know it. That is why over 42 veterans service organizations are supporting the PACT Act. Again, I reference the letters previously inserted into the RECORD.

During the President's State of the Union Address last night, he highlighted the importance of this topic citing his own family tragedy and the loss of his son, Beau, to brain cancer after his military service. He called on Congress to "pass a law to make sure veterans devastated by toxic exposures in Iraq and Afghanistan finally get the benefits and comprehensive healthcare they deserve."

Let me repeat that: pass a law to make sure veterans devastated by toxic exposures in Iraq and Afghanistan finally get the benefits and comprehensive healthcare they deserve.

The Bost substitute is far from comprehensive. In fact, it is a fraction of what our veterans have earned and deserve.

It is time we honored our pact to our veterans. That is why I implore my colleagues to reject this incremental measure and join me in supporting the only comprehensive toxic-exposure legislation that delivers on our sacred promise, the PACT Act.

Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman has 1¼ minutes remaining.

Mr. TAKANO. Mr. Speaker, I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, with all due deference to my colleague,

Ranking Member BOST has made it abundantly clear that this is a first step—not a last step—but an initial first step in getting veterans the healthcare that they need and deserve.

Mr. Speaker, I urge and implore my colleagues to pass Mr. BOST's amendment No. 5.

Mr. Speaker, I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield the balance of my time to the gentlewoman from Texas (Ms. JACKSON LEE), who is my good friend and who serves on the Budget Committee, the Homeland Security Committee, and as the chair of the Subcommittee on Crime, Terrorism, and Homeland Security on the Judiciary Committee.

Ms. JACKSON LEE. Mr. Speaker, I thank my distinguished friend for yielding.

I rise enthusiastically joining the President and joining our chairman in pushing the Honoring our PACT Act and just remind the underlying amendment by Mr. BOST, one-half of 1 percent, do we in this time, do our veterans, do our soldiers deserve half treatment?

I don't think so.

The Jackson Lee amendment adds to this legislation. It would add a report on the feasibility of modifying the individual longitudinal exposure record system used to register toxic exposure of military personnel to include members of the National Guard who are deployed in the United States in connection with a natural disaster without regard to duty status and may record information regarding a suspected exposure by the National Guard to toxic substances while they are in the midst of their rescues.

We know and we thank the House Veterans' Affairs Committee for recognizing and working with my staff that the National Guard is involved in toxic matters on home side. They collaborate with and support civilian authorities and traditional first responders, they are called in as a helpmate. They serve to strengthen and expand local disaster response while the emergency services of a State or locale may have robust plans to deal with unexpected, sometimes disasters strike that overwhelm their resources.

Let me just show you, Mr. Speaker, they are involved in the work. This is an important amendment, and I ask my colleagues to support it.

Mr. Speaker, Chairman MCGOVERN, thank you for this opportunity to discuss briefly three Jackson Lee Amendment #13, to H.R. 3967, the Honoring our PACT Act.

The PACT Act provides much needed attention to the issue of toxic exposure of military service personnel when it occurs during deployment.

Jackson Lee Amendment #13 would add a report on the feasibility of modifying the Individual Longitudinal Exposure Record System used to register toxic exposure of military personnel, to include members of the National Guard who are deployed in the United States in connection with a natural disaster, without

regard to duty status may record information regarding a suspected exposure by the National Guard to toxic substances during such deployment.

I thank the House Committee on Veterans Affairs for working with my staff on this Jackson Lee Amendment to H.R. 3967.

The National Guard collaborates with and supports civilian authorities and traditional first responders in their efforts to respond to emergencies and disasters.

They serve to strengthen and expand the local disaster response capacity.

While the emergency services of a state or locale may have robust plans to deal with the unexpected, sometimes disasters strike that overwhelm their resources and manpower.

During these times the National Guard can play a vital role in saving lives, stemming suffering and protecting property.

This amendment is important because of the conditions that can exist during manmade or natural disasters that may expose National Guard members to toxic substances.

National Guard service personnel provide vital services before, during and following disasters that require that they come into contact with flood waters, wildfires and other disasters that by their nature would breach containment, manufacturing, and storage facilities for toxic substances that would pose a risk to people.

I recall the flood waters of Hurricane Harvey and the hundreds of refineries, small and large chemical processing facilities, and storage facilities that were impacted by flood waters.

Some of these impacts included the risk of explosions due to the loss of containment caused by a loss of electricity or the encroachment of flood waters.

As was the case when two explosions shook the Arkema chemical facility that resulted in a fire because the temperature required to safely store chemicals was lost due to a power outage caused by Hurricane Harvey flooding.

Many chemical facilities are located in low-lying coastal areas and vulnerable to damage from hurricanes, flooding, and erosion, which are increasing with climate change.

Extreme weather can trigger industrial disasters, including explosions, fires, and major chemical releases, as well as chronic chemical leakage into air, water, and soil.

Researchers identified 872 highly hazardous chemical facilities within 50 miles of the hurricane-prone U.S. Gulf Coast.

Coastal areas are also densely populated and would be where National Guard would be deployed to evacuate and assist residents in advance of, during and following the landfall of a Hurricane.

There are approximately 4,374,000 people, 1,717 schools, and 98 medical facilities within 1.5 miles of the facilities according to the Milken Institute School of Public Health, George Washington University, which collected survey data.

The Jackson Lee amendment would provide a report to inform the Committee on Veterans Affairs of the importance of including toxic exposure data on National Guard personnel who are exposed to toxic substances when deployed in response to disasters.

In 2021, following Hurricane Ida's landfall in an analysis by the Union of Concerned Scientists (UCS) of the New Orleans area revealed that 138 industrial facilities in and around the city—some of which use electricity

to contain hazardous chemicals—were potentially without power, putting facility workers and nearby civilians at enormous risk.

Flood waters, smoke from wildfires, and earthquakes have impacts on facilities, businesses, and research facilities that are safe until they are compromised by the impact of a natural or manmade disaster.

I urge the Committee to make in order the Jackson Lee Amendment to H.R. 3967.

Thank you.

Mr. TAKANO. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 950, the previous question is ordered on the amendment offered by the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

The question is on the amendment offered by the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mrs. MILLER-MEEKS. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

AMENDMENT NO. 6 OFFERED BY MS. BROWNLEY

The SPEAKER pro tempore. It is now in order to consider amendment No. 6 printed in part B of House Report 117-253.

Ms. BROWNLEY. Mr. Speaker, I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 14, after line 19, insert the following:

SEC. 105. REVISION OF BREAST CANCER MAMMOGRAPHY POLICY OF DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE MAMMOGRAPHY SCREENING FOR VETERANS WHO SERVED IN LOCATIONS ASSOCIATED WITH TOXIC EXPOSURE.

(a) IN GENERAL.—Section 7322 of title 38, United States Code, is amended—

(1) in subsection (a), by striking “The” and inserting “IN GENERAL.—The”;

(2) in subsection (b)—

(A) by striking “The” and inserting “STANDARDS FOR SCREENING.—The”; and

(B) in paragraph (2)(B), by inserting “a record of service in a location and during a period specified in subsection (d),” after “risk factors,”; and

(3) by adding at the end the following new subsections:

“(c) ELIGIBILITY FOR SCREENING FOR VETERANS EXPOSED TO TOXIC SUBSTANCES.—The Under Secretary for Health shall ensure that, under the policy developed under subsection (a), any veteran who, during active military, naval, or air service, was deployed in support of a contingency operation in a location and during a period specified in subsection (d), is eligible for a mammography screening by a health care provider of the Department.

“(d) LOCATIONS AND PERIODS SPECIFIED.—(1) The locations and periods specified in this subsection are the following:

“(A) Iraq during following periods:

“(i) The period beginning on August 2, 1990, and ending on February 28, 1991.

“(ii) The period beginning on March 19, 2003, and ending on such date as the Secretary determines burn pits are no longer used in Iraq.

“(B) The Southwest Asia theater of operations, other than Iraq, during the period beginning on August 2, 1990, and ending on such date as the Secretary determines burn pits are no longer used in such location, including the following locations:

“(i) Kuwait.

“(ii) Saudi Arabia.

“(iii) Oman.

“(iv) Qatar.

“(C) Afghanistan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Afghanistan.

“(D) Djibouti during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Djibouti.

“(E) Syria during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Syria.

“(F) Jordan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Jordan.

“(G) Egypt during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Egypt.

“(H) Lebanon during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Lebanon.

“(I) Yemen during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Yemen.

“(J) Such other locations and corresponding periods as set forth by the Airborne Hazards and Open Burn Pit Registry established under section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112-260; 38 U.S.C. 527 note).

“(K) Such other locations and corresponding periods as the Secretary, in collaboration with the Secretary of Defense, may determine appropriate in a report submitted under paragraph (2).

“(2) Not later than two years after the date of the enactment of the Supporting Expanded Review for Veterans in Combat Environments Act of 2021, and not less frequently than once every two years thereafter, the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall submit to Congress a report specifying other locations and corresponding periods for purposes of paragraph (1)(K).

“(3) A location under this subsection shall not include any body of water around or any airspace above such location.

“(4) In this subsection, the term ‘burn pit’ means an area of land that is used for disposal of solid waste by burning in the outdoor air.”.

(b) REPORT ON BREAST CANCER RATES FOR VETERANS DEPLOYED TO CERTAIN AREAS.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that compares the rates of breast cancer among members of the Armed Forces deployed to the locations and during the periods specified in section 7322(d) of title 38, United States Code, as added by subsection (a), as compared to members of the Armed Forces who were not deployed to those locations during those periods and to the civilian population.

The SPEAKER pro tempore. Pursuant to House Resolution 950, the gentlewoman from California (Ms. BROWNLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from California.

Ms. BROWNLEY. Mr. Speaker, I rise to offer a straightforward amendment to H.R. 3967, the Honoring our PACT Act, which would simply ensure toxic-exposed veterans have access to mammography screenings.

I would like to begin by thanking my colleague from Iowa, Congresswoman MILLER-MEEKS, for coauthoring this amendment which is based on her outstanding bill.

As chair of the House Veterans' Affairs Subcommittee on Health, I very much want to see the gentlewoman's good bill advance, which is why I am offering this amendment today.

As you know, Mr. Speaker, the conditions related to toxic exposure manifest themselves in many ways and on many different timelines. The incidence rate of breast cancer in women veterans is 20 to 40 percent higher than the incidence rate of breast cancer among nonveteran women. From 2000 to 2015, the VA saw the number of women diagnosed with breast cancer increase by five times for women ages 45 to 65. This is partly due to better screening, but still more can be done, particularly related to those who have been exposed to toxic substances.

Ensuring that veterans have access to lifesaving screening for breast cancer cannot depend on the time after separation from the military and must simply depend on whether a veteran served in a place where they were exposed to toxins.

This amendment, based on the SERVICE Act, directs the director of the Department of Veterans Affairs to provide mammogram screening for female veterans who served in areas associated with burn pits and other toxic exposure. It also directs the VA to submit a report to both the Senate and House Veterans' Affairs Committees 2 years after enactment that compares the instances of breast cancer among members of the Armed Forces.

Women veterans who served in areas with high toxic exposures should not have to wait until they start showing symptoms or reach a certain age to access preventative mammography screenings.

This is why I am proud to join Congresswoman MILLER-MEEKS in offering this lifesaving amendment.

Mr. Speaker, I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I claim the time in opposition, although I am not opposed.

The SPEAKER pro tempore. Without objection, the gentlewoman from Iowa is recognized for 5 minutes.

There was no objection.

Mrs. MILLER-MEEKS. Mr. Speaker, I was pleased to introduce this amendment alongside my colleague, Congresswoman JULIA BROWNLEY, from California.

This amendment is based on our bill, H.R. 4794, the Making Advances in Mammography and Medical Options for Veterans Act. It would ensure that toxic-exposed veterans can access mammography screens through the VA healthcare system. As a doctor I know how very important preventive care is. Early detection of cancer or other serious conditions can be lifesaving for patients.

Veterans deserve the very highest quality care that we can offer them, and that certainly includes timely access to mammograms, particularly for the growing number of women who are volunteering to serve in our Armed Forces.

I thank Congresswoman BROWNLEY for working with me on this amendment, and I am glad that it was made in order.

Mr. Speaker, I urge all of my colleagues to support that, and I reserve the balance of my time.

Ms. BROWNLEY. Mr. Speaker, how much time is remaining on each side?

The SPEAKER pro tempore. The gentlewoman from California has 2½ minutes remaining.

Ms. BROWNLEY. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. TAKANO), who is the great chair of the Veterans' Affairs Committee and who has worked diligently on this very, very important bill.

Mr. TAKANO. Mr. Speaker, I thank my colleague, the chair of the Subcommittee on Health.

Mr. Speaker, I rise today in support of the Brownley-Miller-Meeks amendment. Women who have served in the military are 20 to 40 percent more likely to develop breast cancer than women who have never served. It is believed that it is due to exposure to radiation and other carcinogens while serving. It is therefore critical that VA ensure all veterans who have served in locations associated with toxic exposure have access to prompt, high-quality breast imaging services to detect breast cancer early.

This amendment would ensure just that. Any eligible veteran who was deployed and exposed to burn pits and airborne hazards would be eligible for mammography screens by the VA. These screenings will save lives.

Furthermore, it requires VA to submit a report to Congress on the rates of breast cancer among those veterans deployed to such toxic environments and compare those rates against their veteran peers who were not exposed, as well as the civilian population.

Mr. Speaker, I urge all my colleagues to support this commonsense amendment.

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Mrs. MILLER-MEEKS. Mr. Speaker, I yield back the balance of my time.

Ms. BROWNLEY. Mr. Speaker, I urge all Members to support mammography screenings for toxic-exposed veterans and vote "yes" on this amendment.

I would also like to say that we must pass this bill today, a bill that will finally, finally, bring justice to our veterans and provide our commitment and promise that we made to our veterans who served our country, both men and women. So this bill is long, long overdue.

Men and women sign up for the Armed Forces. They know they may have to put their lives on the line. They did not know that they may die of toxic exposures.

This bill is long overdue. We need a "yes" vote on the amendment and a "yes" vote on the underlying bill.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 950, the previous question is ordered on the amendment offered by the gentlewoman from California (Ms. BROWNLEY).

The question is on the amendment offered by the gentlewoman from California (Ms. BROWNLEY).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. WEBER of Texas. Mr. Speaker, on that I demand the yeas and nays. The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

Pursuant to clause 1(c) of rule XIX, further consideration of H.R. 3697 is postponed.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 3600. An act to improve the cybersecurity of the Federal Government, and for other purposes.

The message also announced that pursuant to Public Law 117-81, the Chair, on behalf of the Ranking Member of the Senate Committee on Foreign Relations, appoints the following individual to serve as a member of the Afghanistan War Commission:

Daniel P. Fata of Massachusetts.

The message also announced that pursuant to Public Law 106-398, as amended by Public Law 108-7, the Chair, on behalf of the Majority Leader, and in consultation with the Chairmen of the Senate Committee on Armed Services and the Senate Committee on Finance, announces the appointment of the following individuals to serve as members of the United States-China Economic and Security Review Commission:

Carte P. Goodwin, of West Virginia for a term beginning January 1, 2022 and expiring December 31, 2023 (reappointment).

James Mann of New York for a term beginning January 1, 2022 and expiring December 31, 2023.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO UKRAINE—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 117-96)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13660 of March 6, 2014, which was expanded in scope in Executive Order 13661 of March 16, 2014, Executive Order 13662 of March 20, 2014, and Executive Order 14065 of February 21, 2022, and under which additional steps were taken in Executive Order 13685 of December 19, 2014 and Executive Order 13849 of September 20, 2018, is to continue in effect beyond March 6, 2022.

The actions and policies of persons that undermine democratic processes and institutions in Ukraine; threaten its peace, security, stability, sovereignty, and territorial integrity; and contribute to the misappropriation of its assets, as well as the actions and policies of the Government of the Russian Federation, including its purported annexation of Crimea, its use of force in Ukraine, and its purported recognition of the so-called Donetsk People's Republic or Luhansk People's Republic regions of Ukraine, continue to pose an unusual and extraordinary threat to the national security and foreign policy of the United States. Therefore, I have determined that it is necessary to continue the national emergency declared in Executive Order 13660 with respect to Ukraine.

JOSEPH R. BIDEN, Jr.
THE WHITE HOUSE, March 2, 2022.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.